

## **ATTACHMENT: STATEMENT REGARDING EXCLUSION LISTS**

The Applicant must attest that neither the provider nor its staff, contractors, subcontractors, or vendors are on any of the three Excluded Individuals and Entities lists:

- ➔ [List of Excluded Individuals and Entities \(LEIE\)](#)
- ➔ [System for Award Management \(SAM\) \(formerly EPLS\)](#)
- ➔ [Department of Human Services' Medichex List](#)

I attest that the Applicant meets the above requirement.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_