

**CERTIFICATION STATEMENT FOR ELECTRONIC ATTENDANCE - MONTHLY  
DS 2087 (01/2013)(Electronic Version)**

As a provider of services (herein referred to as the Provider), the Provider hereby certifies that the consumer(s) listed on an Electronic Attendance form were provided services for the stated period, and that no additional charges were made to any other parties (with the exception of other regional centers or for the Department of Rehabilitation on a DS 1964). These claims are submitted under penalty of perjury in accordance with the terms and conditions listed in the DS 2086, the Agreement for Electronic Attendance Reporting. The Provider also certifies to the statements below:

1. All claims for services provided to regional center consumers have been provided to the consumers by the Provider.
2. Services were, to the best of the Provider’s knowledge, provided in accordance with the consumer’s current written Individual Program Plan.
3. All information submitted to the regional center is accurate and complete.
4. All records necessary to substantiate the services furnished to the consumer will be kept for a minimum period of five (5) years from the date of service.
5. Supporting records and any information regarding payments claimed for providing the services, will be furnished upon request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Developmental Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives.
6. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

In addition, the Provider understands that payment of these claims will be from federal and/or state funds, and any falsification or concealment of a material fact may be prosecuted under federal and/or state laws.

Vendor Number \_\_\_\_\_ Month and Year of Service (MM/YY) \_\_\_\_\_

RC #		Grand Total									
Units	\$	Units	\$								

Date File was emailed \_\_\_\_\_

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Authorized Personnel \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_