

Community Mental Health and Substance Abuse Services of St Joseph County

Compliance Attestation

I, _____, as an employee of _____
have read through the Compliance Training materials, and recognize and acknowledge
my obligation to report any incidence of fraud, abuse or waste of public funding.

I understand that this obligation is explained in the St Joseph County Community Mental
Health Regulatory/Compliance Plan. This plan gives guidance on what is reportable,
where to direct questions, and how to report.

As of this date, I am not aware of any reportable incident, or I have reported any
incidence of non-compliance of which I am aware. Should I become aware that a
situation is potentially a violation of the False Claims Act, or an otherwise reportable
occurrence, I will report immediately, as specified in the Regulatory/Compliance Plan.

Signature

Date

Note: Remember to maintain records of all training completed.