May 2026

Asthma Remediation Services Funds Attestation Form

Housing deposit services provide assistance to fund one-time services necessary for a person to establish a basic household that do not constitute room and board. Services **do not** include the provision of room and board, nor payment of ongoing rental costs beyond the security deposit and other items outlined below.

* **Required field**

Member Information:

*Date: *Member ID/CIN: HMIS # if known:

*Member First Name: *Member Last Name:

*Provider Information:

Servicing Provider Organization Name:

National Provider Identifier: *Treatment Authorization Request (TAR) Number:

*Member Attestation:

- ☐ Member consented to disclose this information to Partnership.
- ☐ Member attests that asthma remediation items in the amount of $_____ was received.
- ☐ Check this box to confirm the member has physically received all the items listed below in good condition, as purchased by the Community Supports (CS) provider.

***Signature:** _____ **Date:**_____

List of Items:

Additional Notes and Concerns:

Please attach and submit a copy of all receipts and invoices of purchases made.

Partnership Internal Use Only: Auth#: _____ Date: _____