

## Executive Director Assurance Affidavit

I have reviewed the completed attached checklists. The agency has based its findings on comparing each program with the service definitions provided. All efforts have been made to ensure the accuracy of these findings. I understand that if the results of these checklists are found to be willfully inaccurate, DDS may revise individual authorizations from the date of this affidavit and funding adjusted accordingly.

Executive Director Signature

Date