

**Third-Party Attestation Form for Item U28c/U29c/U29e/U30c
Any wages for first/second/third/fourth quarter after exit quarter?**

On this date, I attest that _____ (Name of Participant) received wages from
___ / ___ / _____ to ___ / ___ / _____, which is after he/she exited from the SCSEP program.

----- **OR** -----

On this date, I attest that _____ (Name of Participant)

_____ is deceased.

_____ is unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ He/She has a documented health/medical exclusion, that is:

1. he/she is in the care of Dr. _____ (Name of Doctor), **and**
2. I have has been informed by Dr. _____ (Name of Doctor) that
 - a. his/her medical condition is expected to last at least 90 days, **and**
 - b. his/her medical condition prevents him/her from continued participation in the SCSEP program and from working.

_____ He/She has a documented family care exclusion, that is:

1. he/she is providing care for _____ (Name of Relative and Relationship to Participant), who is a member of his/her family, **and**
2. the family member is in the care of Dr. _____ (Name of Doctor), **and**
3. I have been informed by Dr. _____ (Name of Doctor) that the medical condition is expected to last at least 90 days, **and**
4. the family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ He/She is institutionalized, that is:

1. he/she is receiving 24-hour care at _____ (Name of Facility), which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ (Name and Position) that he/she is expected to remain at this facility for at least 90 days, which prevents him/her from continued participation in the SCSEP program and from working.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

(Name of Attesting Individual)

(Relationship of Attesting Individual to Participant)

(Signature of Attesting Individual)

(Date)