

# DEPARTMENT OF HEALTH & SOCIAL SERVICES

## TRANSMITTAL AND CERTIFICATION

NAME OF FACILITY

\_\_\_\_\_

ADDRESS

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\_\_\_\_\_

FISCAL YEAR END

\_\_\_\_\_

### CERTIFICATION OF OFFICER OF HEALTH FACILITY

I hereby certify that I have examined the accompanying Year End Reporting Forms. To the best of my knowledge and belief, the data submitted are true, and correct statements prepared from the books and records of the Health Facility in accordance with the instructions provided in the Department of Health & Social Services Reporting Manual, except as conspicuously noted.

### SIGNATURES

CHIEF EXECUTIVE OFFICER

OR

CHIEF FINANCIAL OFFICER

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\_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

# 2018 200267  
Adopted by Reference  
Material  
1/31/2019