



Unlicensed Alternative Family Living Home
Provider Attestation

Initial Review

Annual Review

To be completed by the Trillium Health Resources contracted provider agency representative at the Initial and Annual Health and Safety review.

The UAFL home located at:

is the primary residence of (member)

the home host/care provider, a direct support staff providing Residential Supports services employed by: a contracted provider with Trillium.

As per service definition in Clinical Coverage Policy 8P (North Carolina Innovations Waiver services), this facility is a private residence and not a staffed facility.

I understand that an AFL site shall be licensed if serving either (1) one or more minor clients; or (2) two or more adult clients. I also understand that minor and adult clients shall not reside at the same location.

This AFL home host/care provider is not serving any other client at this unlicensed AFL site, as outlined in 10A NCAC 27G.5601.

North Carolina General Assembly Chapter 122C. Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985. Article 1. § 122C-28. Penalties. Operating a licensable facility without a license is a Class H felony, including a fine of one thousand dollars (\$1,000) per day that the facility is in operation in violation of this Article. (1983, c. 718, s. 1; 1985, c. 589, s. 2; 1993, c. 539, s. 919; 1994, Ex. Sess., c. 24, s. 14(c); 2021-77, s. 7.2(a).

Provider Representative Signature

Date

Provider Representative Printed Name

Provider Representative Title

Member & Recipient Services — 1-877-685-2415
Provider Support Services — 1-855-250-1539
Administrative & Business Matters — 1-866-998-2597
TrilliumHealthResources.org 201 West First St, Greenville, NC 27858-1132 Fax — 252-215-6881





Transforming Lives. Building Community Well-Being.

Unlicensed Alternative Family Living - Living In Home Attestation

The following people currently reside in the home located at:

(Residential Support Service Site Home Address)

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

Residential Support Services Staff Signature with Date (signature & date should be original to each use)

Agency Representative Signature with Date (signature & date should be original to each use)

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