



ACC – Psychiatric Rehabilitation Reporting Deliverable Attestation

Submit Attestation and Reports by the 5th of the month to the SFTP:

ASOC_ACCPsychRehabAtt_YYYYMM_Pro

I, _____ certify that to the best of my knowledge, information and belief, that the information contained in the attached ACC Psychiatric Rehabilitation Report: ASOC ACCPsychRehab YYYYMM Pro concerning the functional area for which I am accountable, is accurate, complete and truthful.

Reporting Month: _____

Reporting Year: _____

Name and Title of Person Completing Report

Signature of Department Owner

Date Signed