

## Adult Family Home Training Network Stipend Attestation Form

I, \_\_\_\_\_ (Name of AFH Owner or Designated Contact), certify that \_\_\_\_\_ (Name of Sponsored Individual) has been paid for their completion of course hours at their hourly rate for an eligible training program (HCA or CNA) while actively in training or I plan to pay them for those hours after receiving a check from The Long-Term Care Foundation, ensuring that the appropriate payroll deductions are made.

The stipend has two main purposes:

1. To reimburse the AFH owner for any payments made to their sponsored individual for completing course hours (HCA or CNA). This enables the individual to earn money while focusing on the training that can make them a certified long-term care worker.
2. To provide a bonus to the sponsored individual after they complete the eligible training and begin the certification process. Please note that the stipend must be processed through the sponsoring AFH.

Please provide the following information if it applies to you:

- A certificate of completion for the eligible training program (HCA or CNA).
- Proof or confirmation that the application to the Department of Health (DOH) has been submitted.
- For CNA candidates: Most CNA training schools can provide the state skills test; we will verify this with you. We also need to ensure that the sponsored individual is aware that they must schedule the Credentia written exam if they haven't done so already.
- If the sponsored individual is certified, please provide proof of certification.
- A W-9 form is required unless we already have one on file.
- If the sponsored individual has been enrolled in any other training programs, please provide updates.
- Please confirm whether the Sponsored Individual is still working in your home in the comments section. If not, explain the reason. We must keep track of this information and ensure that accounts are updated accordingly.



**Comments:**

Please note: If you did not pay your sponsored individual for their completion of course hours while they were actively participating in training, it is the responsibility of the sponsoring Adult Family Home to distribute the funds appropriately once they have been received.

In situations where you are unable to pay your sponsored individual during their qualified training, you can opt to use the stipend as a bonus to reward them after they complete their training and are scheduled for their exams to become a certified CNA or HCA.

If you have any questions about the stipend process, please contact Shereice Brown, Director of Workforce Development, at [shereice@ltcfwa.org](mailto:shereice@ltcfwa.org).

**Name of AFH Owner or Designated Contact** (please print)

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**Signature of AFH Owner or Designated Contact**

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**Name of Sponsored Individual** (please print)

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**Signature of Sponsored Individual**

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**Date**

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Please email the completed form to Shereice Brown at [shereice@ltcfwa.org](mailto:shereice@ltcfwa.org). Thank you!