Third-Party Attestation Form for Item E6
If exit is not due to unsubsidized employment, other reason for exit

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 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)*