



## Contractor, Subcontractor, Independent Contractor Attestation Responsibilities in the RSS Compliance Program

*Instructions: This form is required for all contractors, subcontractors, independent contractors of Rehabilitation Support Services who are determined to be relevant to the RSS Compliance Program and related Risk Areas. Training and education as noted below is required upon contract execution and contract renewal.*

Contractor Name \_\_\_\_\_

Address: \_\_\_\_\_

Contract Period Date \_\_\_\_\_ to \_\_\_\_\_

I attest that I have been trained in the following RSS Policies on Corporate Compliance and fully understand my responsibilities as a contractor/subcontractor/independent contractor.

1. RSS Organizational Experience and Risk Areas
2. RSS Code of Conduct Section C-20
  - a. RSS Fraud, Waste and Abuse Reporting Policy
  - b. RSS Non-Intimidation/Non-Retaliation and Whistleblower Protections

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilities Director

\_\_\_\_\_  
Date