

Oklahoma Department of Mental Health
And Substance Abuse Services

Support Services Provider Verification Form

Support Services Provider- an individual age eighteen (18) or older with a high school diploma or equivalent *[Per 450:1-1-1.1.]*

I _____ confirm that I meet the requirements for the
Print Name
Oklahoma Department of Mental Health and Substance Abuse Services Support
Services Provider as defined above, and maintain documentation supporting these
requirements in my personnel record at my place of employment. I agree to submit
supporting documentation to the Oklahoma Health Care Authority upon request.

Signature

Date