



**False Claims Act  
Acknowledgement of Receipt**

I, \_\_\_\_\_ the \_\_\_\_\_ of  
(Name) (Job Title)

\_\_\_\_\_ acknowledges that my agency has received  
(Qualified Provider)

a copy of the Department of Developmental Services False Claim Act Policy dated June 1, 2008 and the Department of Developmental Services False Claim Act Procedure dated June 1, 2008.

Signed,

\_\_\_\_\_  
\*Name Date

\*Electronic signature: By signing this document, I guarantee this is my electronic signature. I hereby certify that I am authorized to submit these documents on behalf of the organization.

I certify that I read and understand the False Claims Act Policy and Procedure.

*Revised 1/2014*