



VDC Reference Waiver

DATE:

PERSONAL CARE ATTENDANT NAME:

**VETERAN EMPLOYER NAME:
(Or Designated Representative)**

This is to verify my selection of the above referenced candidate to serve as my Personal Care Attendant.

I have known the candidate and verify his/her knowledge, skill and ability to serve as my Personal Care Attendant.

I do not want 406 as Fiscal Agent to conduct additional references checks for this individual.

Veteran (or Designated Representative) Signature

Date

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