

**Barry County Community Mental Health Authority**

**Person Centered Planning Training Attestation**

I, \_\_\_\_\_, acknowledge that I have received and read the required Person Centered Planning training. I agree to comply with the standards that were discussed in the training and any of the Barry County Community Mental Health Authority's policies and procedures regarding Person Centered Planning.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer other than BCCMHA

Please note it is your responsibility to retain documentation proof of your trainings.