



## AFHTN Stipend Bonus Attestation Form

This form is to be completed when the sponsoring Adult Family Home intends to issue the stipend as a bonus to the sponsored individual upon completion of eligible training.

### Sponsored Individual Information

Full Name: \_\_\_\_\_

Training Program (HCA or CNA): \_\_\_\_\_

Training School: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_

### Attestation Details

By signing below, the sponsoring Adult Family Home (AFH) and the sponsored individual agree that the stipend provided through the Training Network or Language Access Program will be issued as a bonus to the sponsored individual upon successful completion of eligible training.

The bonus is contingent upon the individual remaining employed with the sponsoring AFH at the time of disbursement. If the individual is terminated or voluntarily leaves employment before the bonus is issued, the stipend will be forfeited.

Both parties acknowledge that they understand this policy and agree to the terms of bonus issuance. The AFH is responsible for any applicable tax reporting or withholdings.

### Signatures

Sponsored Individual Name (Printed): \_\_\_\_\_

Sponsored Individual Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AFH Representative Name (Printed): \_\_\_\_\_

AFH Representative Signature: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Date: \_\_\_\_\_