



Douglas A. Ducey, Governor Jami Snyder, Director

**Indian Health Service (IHS) /Tribal
owned/operated (638) Alternate Care Site
(ACS) Quality Attestation**

I, _____ as the legal representative of the below named Federal and/or Tribal facility do attest that the Alternate Care Site (ACS) location identified below meets the minimum standards ensuring that comfort and safety for patients and staff are sufficiently addressed. Furthermore, the attestation of the aforementioned standards will remain in effect throughout the duration of the public health emergency.

Name/Title of legal representative: _____

Signature: _____

IHS/638 Facility Name: _____

ACS Address/Location: _____

Facility NPI#: _____

Date: ____/____/____