

# Sponsored Residential and/or Shared Living Individuals

## Disclosure Statement

A criminal history background investigation is required by law (§ 37.2-416 (B (ii), (iii), (iv) (v) *Code of Virginia*) on any sponsored residential applicant (SRA), any adult living in the home of a SRA, any person employed by a SRA to provide services in the home, and/or any person who enters into a shared living arrangement with a person receiving medical assistant services. (Please type or print clearly.)

<b>Licensed Provider Business Name</b>	<b>Licensed Provider Number (3 or 4 digit)</b>
<b>Name (Last, First, Middle)</b>	<b>Social Security Number</b> <input type="checkbox"/> <b>No SSN #</b>
<b>Mailing Address (Street, City, State, Zip)</b>	<b>Phone Number (Area Code + Number)</b>

**In Virginia or any other location:**  
**Have you ever been or are the subject of a founded complaint of child abuse or neglect?**  
 **No**     **Yes:** If yes, please list all cases and explain.

**Have you ever been convicted\* of or are you the subject of pending charges for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?**  
 **No**     **Yes:** If yes, please list all cases and explain.

*Convictions include all adult convictions as well as Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.*

**\*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position?**  
 **No**     **Yes**

**I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as a SRA, and/or to provide services for a SRA; and (2) the information on this disclosure statement is subject to verification.**

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**Signature of Individual** \_\_\_\_\_ **Date**