

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.)

Licensed Provider Business Name	Licensed Provider Number (3 or 4 digit)
Applicant's Name (Last, First, Middle)	Applicant's Social Security Number <input type="checkbox"/> No SSN #
Applicant's Mailing Address (Street, City, State, Zip)	Applicant's Phone Number (Area Code + Number)
<p>In Virginia or any other location: Have you ever been or are the subject of a founded complaint of child abuse or neglect? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.</p>	
<p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.</p>	
<p><i>Convictions include <u>all</u> adult convictions <u>as well as</u> 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.</i></p>	
<p>*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>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.</p>	
<p>_____</p> <p>Signature of Individual</p>	<p>_____</p> <p>Date</p>