



Provider Affidavit

I have never been found guilty, pleaded guilty or nolo contendere to any crime relating to child abuse or neglect, relating to illegal drugs or illegal use of prescription drugs, relating to domestic violence including assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping or false imprisonment.

The Department of Children and Families (formerly Department of Health and Rehabilitative Services) have never found me responsible for child abuse, neglect or abandonment after an investigation.

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete and made in good faith.

NOTE: Paperwork cannot be processed if provider and witness signatures and dates are Missing

Informal Provider Name: _____ Phone #: _____

Informal Provider Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Parent/Guardian Name _____ Social Security # _____

Parent Phone Number _____