

Attestation Form

Name of Facility: _____

Location Address: _____

City/State/Zip: _____

License #: _____

I, _____, acknowledge that I have less than a 25% share in the business and, as an owner, I am not present on the facility premises during the hours of operation nor do I perform one or more of the following functions:

- have unsupervised access to the residents and/or children in care;
- make decisions regarding the day-to-day operations;
- hire and/or fire staff including the director;
- oversee staff and/or conduct personnel evaluations of the staff; and/or
- write policies and procedures.

Date: _____

Signature: _____

Type or Print Name: _____

Note: The completed attestation form has to be signed by the owner and notarized in order to be accepted by the Louisiana Department of Children and Family Services, Licensing Section, in lieu of a criminal background clearance. Please mail form to:

Louisiana Department of Children and Family Services
 Licensing Section
 PO Box 260036
 Baton Rouge, LA 70826

I certify that I have personally completed this form and that all information is true and correct to the best of my knowledge and ability. I understand that if changes occur and I obtain 25% or greater share in the business and/or perform one or more of the aforementioned functions, that I must provide documentation of a satisfactory fingerprint based criminal record check as required by R.S. 46:51.2 and 15:587.1. I also understand that knowingly providing false information on this form may cause my application to be denied and/or license revoked.

SWORN AND SUBSCRIBED before me, the undersigned Notary Public, at _____, Louisiana this _____ day of _____, 20____.

NOTARY SIGNATURE

PRINTED NAME AND NOTARY NO.

MY COMMISSION EXPIRES: _____