

Maternity Home Attestation Form

Name of Provider: _____

Location Address: _____

City/State/Zip: _____

License #: _____

I, _____, acknowledge that I am registered as an officer with the Louisiana Secretary of State, was listed as a board member and/or is listed on the Licensing application submitted from the provider noted above and I:

- i. do not have access to the children/youth in care and/or who receive services from the provider; nor
- ii. am I present at any time on the premises of the home.

Date: _____

Signature: _____

Type or Print Name: _____

Note: The completed attestation form has to be signed and dated by the individual in order to be accepted by the Louisiana Department of Children and Family Services, Licensing Section. Please mail form to:

Louisiana Department of Children and Family Services
Licensing Section
PO Box 3078
Baton Rouge, LA 70821

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 that I must provide documentation of a satisfactory criminal record check obtained through the Federal Bureau of Investigation (FBI) as required by Public Law 115-123 and R.S. 15:587.1. Also, a State Central Registry Clearance is required through the Department of Children and Family Services Child Welfare in accordance with R.S. 46:1414.1. I also understand that knowingly providing false information on this form may cause my application to be denied and/or license revoked.