



AFFIDAVIT OF COMPLIANCE

This form must be completed by all programs administered by the Department of Elder Affairs that have subcontractors with employees that qualify as Direct Service Providers pursuant to §430.0402, F.S.

To be submitted annually or at the time of license renewal pursuant to section 435.05(3), F.S.

Authority: §435.04 F.S.
§435.05(3) F.S.
§430.0402 F.S.

Record of Subcontractor Background Screening:

NOTE: Incomplete forms will be returned and delay eligibility status

I _____, Applicant/Recipient of _____,
(Name of licensee/owner/provider) (DOEA Program Type)

a program regulated by the Department Elder Affairs, understand that pursuant to §430.0402(3), F.S., refusal to dismiss a manager, supervisor or direct service provider who has been found to be in noncompliance with standards of this section shall result in the automatic denial, termination or revocation of the license or certification, rate agreement, purchase order, or contract, in addition to any other remedies authorized by law. **I do hereby affirm under the penalty of perjury that all applicable employees meet the statutory requirements for background screening pursuant to Sections 430.0402 and 435.04, F.S., or background screening requirements pursuant to rules established by the Department.**

Sworn to and Subscribed before me
This _____ day of _____, _____.

Signature of Affiant

Signature of Notary
[Notary Stamp]

Printed Name of Affiant

Organization Name