



Attestation for Adult Protective Services and Familial Relationships:

Attestation Adult Protective Services:

Arizona Adult Protective Services Registry check will occur **upon hire** and **annually** thereafter.

We will obtain a **notarized attestation** from the employee that he/she is not:

- Subject to registration as a sex offender in Arizona or any other jurisdiction
- Awaiting trial on or has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit any criminal offense listed in A.R.S. §41-1758.03(B) or (C), or any similar offense in another state or jurisdiction.

Agency Expectations:

- We require you to report immediately to the agency if a law enforcement entity has charged you with any crime listed in A.R.S. § 1758.03(B) or (C),
- We require you to report immediately to the agency if Adult Protective Services has alleged that you have abused, neglected or exploited a vulnerable adult.
- A nationwide criminal background check that accounts for criminal convictions in Arizona, will occur at the time of hire/initial and every three years thereafter.

Attestation from the DCW's of the Familial relationship with the member:

As a provider we are expected to document the DCW's self-attestation of the familial relationship with the member. Please **check one if it applies**. Spouse:___ Parent, (Including step-parents):___ Grandparents:___ Sibling:___ Uncle:___ Aunt:___ Son/Daughter in-law___ Adult step child___ Mother/Father in-law___ Brother/Sister in-law___

I _____ am both verifying and certifying the genuineness of my understanding and responses to the information on this document.

Employee:

Signature: _____ Date: _____

Notary:

State of _____ County of _____

The foregoing instrument was acknowledged before me this: _____ day of _____, 20 _____

By _____

My Commission expires _____