



Disclosure Form

Name: _____ Date of Birth: _____
Last, First, Middle

Ashley House provides care for medically fragile children. In the interest of the safety of our children and to ensure compliance with contracts, Ashley House must conduct a thorough criminal background check of all persons that may have unsupervised access to the children. You may receive a copy of the background results upon request to Human Resources. Please answer the questions below. You must be honest in your answers.

- | Have you ever been: | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Convicted of any crime against children or other persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Convicted of crimes related to drugs as defined in RCW43.43.830? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person to have abused or financially exploited any vulnerable adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the items above, please identify and explain on the back side of this form.

I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission will result in my immediate disqualification as a provider, caregiver and/or as an individual authorized to care for vulnerable adults or children. I hereby authorize Ashley House to obtain background information including but not limited to: convictions, licensing, child and adult protective services, and professional licensing records from any law enforcement, state and federal agency including other states and the FBI. DSHS is hereby authorized to release the results of this any DSHS prior background check information to the agency, facility, or entity named above. I authorize Ashley House to conduct a search of Washington State Records with the Washington State Patrol prior to submitting the background forms to DSHS.

Signature

Date