DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
ALF MODEL FORM

SWORN STATEMENT OR AFFIRMATION FOR
APPLICANTS FOR ASSISTED LIVING FACILITY LICENSURE

To the Applicant:

Section 63.2-1721 of the Code of Virginia requires that any applicant for licensure as an assisted living facility provide the Commissioner's representative with a sworn statement or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal charges within or outside the Commonwealth of Virginia, and (2) whether the applicant has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia.

Any person making a materially false statement on this form shall be guilty of a Class 1 misdemeanor.

Further dissemination of the information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

1. _____
Last Name First Middle Maiden Social Security Number

_____
Street/P.O. Box City State Zip Code

2. Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law)?
____ yes ___ no
If yes, list all and explain. _____

_____

_____

3. Are you the subject of any pending criminal charges within or outside Virginia? ____ yes ____ no
If yes, please explain. _____

_____

_____

4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?
____ yes ____ no If yes, please explain. _____

_____

_____

5. I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Applicant's Signature _____ **Date:** _____

032-05-0800-04-eng (07/14)