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.

1Last Name	First	Middle	Maiden	Social Security Number	
Street/P.O. Box		City		State Zip Code	
yes no	nday that were fi	inally adjudicate	d in a juvenile court	xcluding offenses con or under a youth off	ender law)?
3. Are you the subject of If yes, please explain		_		rginia? yes	
I. Have you ever been yes no				neglect within or out	
5. I hereby affirm that information is subje			s form is true and co	omplete. I understand	l that the
	re Date:				