

DEPARTMENT OF SOCIAL SERVICES

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name First Middle Maiden Social Security Number

Current Mailing Address Street, P.O. Box #, Apt. # City State Zip Code

Arlington Unitarian Co-op Preschool, 4444 Arlington Blvd, Arlington, VA 22204

Name of Licensed/Registered Approved Facility/Provider Street, P.O. Box #, Apt. # City State Zip Code

Have you lived outside of Virginia in the past five years? Yes No

If yes, what state(s) have you lived in: _____

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date