



Annual Disclosure Statement

I, _____, as an employee of Gateways Community Services, do hereby verify that during the past twelve months:

I have I have not been convicted of a felony that has not been annulled by a court in this or any state;
Check one box and Initial here: _____

I have I have not been convicted of a misdemeanor that not has not been annulled by a court for physical or sexual assault or other violent crime, fraud, abuse, neglect, exploitation, child pornography, theft, driving under the influence of drugs or alcohol, threatening or reckless conduct, nor have I posed a threat to the health, safety or well-being of anyone nor have I engaged in any conduct that represents evidence of behavior that could endanger the well-being of an individual;
Check one box and Initial here: _____

I have I have not had a finding by the department of any administrative agency (examples include: Bureau of Elderly and Adult Services, Criminal Records Division, Dept. of Children, Youth and Families, Adult Protective Services, etc.) in this or any other state for physical or sexual assault or other violent crime, fraud, abuse, neglect, exploitation, child pornography, theft, driving under the influence of drugs or alcohol, threatening or reckless conduct, nor have I posed a threat to the health, safety or well-being of anyone nor have I engaged in any conduct that represents evidence of behavior that could endanger the well-being of an individual;
Check one box and Initial here: _____

I have I do not have a valid driving license and applicable auto insurance coverage.
Check one box and Initial here: _____

I have I have not been found at fault for any major vehicle accident, had any major infractions or had my license suspended or revoked in the past year.
Check one box and Initial here: _____

I have I have not knowingly submitted a claim for reimbursement to any federal/state government entity that I know is false.
Check one box and Initial here: _____

I have I have not been convicted of a Medicaid fraud crime.
Check one box and Initial here: _____

I also understand that if any of the above changes at any time, it is **my responsibility** to notify both my Supervisor and Human Resources within 7 business days. In the case of a criminal conviction, it will be determined if this conviction is relevant to my position within the agency. If the conviction is not relevant, no adverse action will be taken. If the conviction is relevant, I understand my employment may be terminated or I may resign.

Employee Signature

Date