SELF-DISCLOSURE OF INFORMATION

TO THE STATE OF WASHINGTON, DEPARTMENT OF SOCIAL AND HEALTH SERVICES

PRINT YOUR NAME: _____
Last: Middle: First:

Date of Birth: ____/____/ 19____ Sex: Male / Female
(Circle)

Please answer each of the following questions. If your answer is "Yes" to any of the questions below, please give details. Provide the date, the crime and/or findings, and in what USA state, or country, the crime was committed.

Have you ever been:

1.	Convicted of any crime.	☐ Yes	☐ No
2.	Found to have sexually assaulted, physically abused, or exploited a child or adult.	☐ Yes	☐ No
3.	Found to have violated a protection order or restraining order.	☐ Yes	☐ No
4.	Sanctioned by a disciplinary board (professional licensing board) or by agreed order had your license suspended, revoked or denied for sexual or physical abuse, neglect or exploitation of a minor or adult.	☐ Yes	☐ No

Details_____
_____
_____
_____
_____

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract.

This document is signed and sworn under penalty of perjury. I certified that the above information is true and correct. My signature below authorizes FOREIGN LANGUAGE SPECIALISTS, INC. to obtain conviction records form the Washington State Patrol and other states; and to obtain from Washington and other states licensing information and any determination or finding of abuse, neglect or exploitation. I understand that the result of this background check will be kept in total confidence and may be released to or reviewed by DSHS employees or its brokers when monitoring contract compliance.

_____ _____
Signature of person to be checked Date