

**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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Found to have sexually assaulted, physically abused, or exploited a child or adult.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Found to have violated a protection order or restraining order.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 from 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 or its brokers when monitoring contract compliance.

\_\_\_\_\_  
Signature of person to be checked

\_\_\_\_\_  
Date