DISCLOSURE STATEMENT FOR PROVISIONAL APPROVAL OF INDIVIDUALS AFFILIATED WITH ADAMS COUNTY CHILDREN & YOUTH SERVICES

Name of Individual:	
Role at Adams County Children & Youth Services:	
(initial) I swear/affirm that I have not been named as a abuse, as defined by the Child Protective Services Law, 23	a perpetrator of an indicated or founded report of child Pa.C.S.A. § 6303.
(initial) I swear/affirm that I have not been convicted of the Pennsylvania Consolidated Statutes or equivalent crim one of its territories or possessions, another state, the Dist foreign nation, or under a former law of this Commonwea	trict of Columbia, the Commonwealth of Puerto Rico or a
	ault) d) children) n) o prostitution and related offenses) her sexual materials and performances)
23 Pa.C.S.A. §§ 6344; 6344.2	
I swear/affirm that I have complied with the following requestions of the complex of the services Law, 23 Pa.C.S.A. § 6344(m):	uirements for provisional approval, as set forth in the
(initial) I swear/affirm that I have sent the following cosaid requests to Adams County: ChildLine: (date of request) Pennsylvania State Police: (date of request) Federal Bureau of Investigation: (date of other entity(ies)) (if a resident of another state):	request)
(date(s) of request(s))	(` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `

not exceed ninety (90) days from the date of signa	oval status with Adams County Children & Youth Services may ature on the within document.
(initial) I understand I must work within the ey times and I am not permitted to work alone with c	yesight of a permanent employee of the County of Adams at all children.
(initial) I understand that I will be immediately or have been convicted of any of the crimes listed	y dismissed if I have been named as a perpetrator of child abuse above.
(initial) I hereby swear/affirm that the informa penalties of 18 Pa.C.S.A. § 4904, relating to unswo	ation as set forth above is true and correct, subject to the orn falsification to authorities.
Signature:	Date:
Witness:	Date: