

Statement of Disclosure

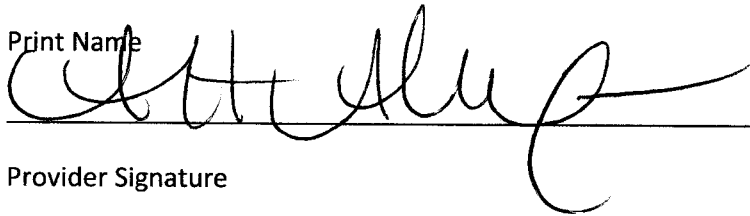
I have not been:

1. Convicted of a felony offense;
2. Convicted of a misdemeanor offense involving an illegal substance within the five years previous;
3. Convicted of or entered a plea of guilty to a sex crime as defined in KRS 17:165
4. Convicted or entered a plea of guilty as a "violent offender" as defined in KRS 17.165: or
5. Accused and/ or substantiated by the Cabinet for Families and Children of an incident of abuse or neglect of a child or adult;
6. Excluded by the Office of Inspector General from providing federally funded health care programs including Medicare and Medicaid.

I do hereby affirm that I meet all of the conditions listed above for the purposes of contracting to provide services with Transformations. I understand that dishonesty in my attesting of the above will result in immediate termination of status as an employee or contracted employee with Transformations. I also understand that that if this statement is found to be false that I will be at risk for recoupment of payment for services rendered.

Amanda H Alexander

Print Name



Provider Signature

9-9-18

Date of Signature