

**DEPARTMENT OF ELDER AFFAIRS
BACKGROUND SCREENING**

ATTESTATION OF COMPLIANCE – EMPLOYER

ALL EMPLOYERS are required to submit an annual attestation of compliance with the provisions of chapters 430 and 435, Florida Statutes.

Section 435.05(3), Florida Statutes, requires each employer licensed or registered with the Department of Elder Affairs (DOEA) to conduct Level 2 background screening and to submit to the agency annually or at the time of license renewal, under penalty of perjury, a signed attestation attesting to compliance with the provisions of that chapter.

The Level 2 background screenings are required for all programs administered by the Department, including but not limited to, Area Agencies on Aging / Aging and Disability Resource Centers, Public and Professional Guardians, Long-Term Care, Lead Agencies, and Service Providers that contract directly or indirectly with the DOEA, and any other person or entity which hires employees or has volunteers in service who meet the definition of a direct service provider.

A direct service provider is defined as

“a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client’s living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term also includes, but is not limited to, the administrator or a similarly titled person who is responsible for the day-to-day operations of the provider, the financial officer or similarly titled person who is responsible for the financial operations of the provider, coordinators, managers, and supervisors of residential facilities, and volunteers, and any other person seeking employment with a provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, financial matters, legal matters, personal property, or living areas.” § 430.0402(1)(b), Florida Statutes.

The following is an example attestation that complies with this requirement.

ATTESTATION

As the duly authorized representative of: _____,
(Name of Employer)

located
at _____,
Street address City State Zip Code

under penalty of perjury, I, _____,
(Name of Representative)

declare that I have read the following and that the facts stated in it are true and I hereby swear or affirm that the above-named Employer is in compliance with the provisions of chapter 435 and section 430.0402 of the Florida Statutes, regarding the Level 2 background screening.

Signature of Employer Representative

Date