

DEPARTMENT OF ELDER AFFAIRS
BACKGROUND SCREENING

**ATTESTATION OF COMPLIANCE –
For Relatives of the Client Form**

AUTHORITY: This form is required of all candidates who are direct service providers when claiming an exception to Level 2 background screening set forth in sections 430.0402(2) and (3), Florida Statutes, or to comply with the attestation requirements set forth in section 435.05(2), Florida Statutes.

*** IF AN EXCEPTION TO BACKGROUND SCREENING IS CLAIMED, A COPY OF THE REQUIRED EVIDENCE MUST BE ATTACHED TO THIS FORM.**

A direct service provider is “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), Fla. Stat. (2023).

Personal identification information as defined in section 817.568(1)(f), Florida Statutes, means:

Any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including any:

1. Name, postal or electronic mail address, telephone number, social security number, date of birth, mother’s maiden name, official state-issued or United States-issued driver license or identification number, alien registration number, government passport number, employer or taxpayer identification number, Medicaid or food assistance account number, bank account number, credit or debit card number, or personal identification number or code assigned to the holder of a debit card by the issuer to permit authorized electronic use of such card;
2. Unique biometric data, such as fingerprint, voice print, retina or iris image, or other unique physical representation;
3. Unique electronic identification number, address, or routing code;
4. Medical records;
5. Telecommunication identifying information or access device; or
6. Other number or information that can be used to access a person’s financial resources.

STEP ONE: Complete identification information:

Relative (first name, middle name, last name)

Program Applied

Client

STEP TWO: onus statement <http://www.leg.state.fl.us/statutes/>.

STEP THREE: The candidate must complete this section if claiming an exception to level 2 background screening conducted by the Department of Elder Affairs. If not claiming an exception, then skip to Step Four. If you are claiming that you qualify for an exception to level 2 background screening pursuant to sections 430.0402(2) or (3), Florida Statutes, and, thereby, you are not required to undergo background screening through the Department of Elder Affairs, please indicate the type of exception and attach the required evidence.

EXCEPTIONS:

Relative - A relative of the client.

_____ **(initial)** Evidence: Circle your relationship to the client: husband, wife, father, mother, son, daughter, brother, sister, grandmother, grandfather, great-grandmother, great-grandfather, grandson, granddaughter, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

EMPLOYER: IT IS THE EMPLOYER’S RESPONSIBILTY TO VERIFY THE AUTHENTICITY AND ACCURACY OF ANY DOCUMENTATION REQUIRED AS EVIDENCE OF A CANDIDATE’S QUALIFICATION FOR AN EXCEPTION.

STEP FOUR: Each candidate determined to be a direct service provider must complete the required attestation below.

Claiming an Exception: If you claim that you qualify for an exception to a level 2 background screening, you are not required to undergo background screening through the Department, and you must sign the attestation below.

ATTESTATION

Under penalty of perjury, I, _____, hereby swear or affirm that I meet the requirements for qualifying for the exception pursuant to the background screening standards set forth in Chapter 435 and section 430.0402 of the Florida Statutes. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by my employer.

Relative's Signature

Date

***EMPLOYER:** Once Attestation is signed, keep this completed form in the Candidate's file.