

## Child Placing Attestation Form

Name of Agency: \_\_\_\_\_

Location Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

License #: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I am registered as an officer with the Louisiana Secretary of State, was listed as a board member, and/or was listed on the Licensing application or list submitted from the agency noted above and I:

- i. do not have access to the children/youth in care and/or who receive services from the provider; nor
- ii. am I present at any time on the agency premises when children/youth are present.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Note: The completed attestation form has to be signed and dated by the individual in order to be accepted by the Louisiana Department of Children and Family Services, Licensing Section. Please mail form to:

Louisiana Department of Children and Family Services  
Licensing Section  
PO Box 260036  
Baton Rouge, LA 70826

**I certify that I have personally completed this form and that all information is true and correct to the best of my knowledge and ability. I understand that if changes occur that I must provide documentation of a satisfactory criminal record check obtained from the Louisiana State Police as required by Public Law 115-123 and R.S. 46:51.2 and 15:587.1. Also, a State Central Registry Clearance is required through the Department of Children and Family Services Child Welfare in accordance with R.S. 46:1414.1. I also understand that knowingly providing false information on this form may cause my application to be denied and/or license revoked.**