



ABUSE, NEGLECT ATTESTATION

I, _____ attest, that there is no existing evidence or facts that I have abused, neglected, sexually assaulted, exploited, exploited or deprived any person(s). I attest that there is no existing evidence that I have subjected any persons to serious injury as a result of intentional negligence, misconduct or other actions.

I understand that this information is a Georgia State Department of Human Resources Regulation within the Office of Regulatory Services Chapter 290-5-54.

Employee's Signature

Date

Agency's Signature

Date