



**Attestation Statement**

Name: \_\_\_\_\_

Per a requirement of the State of Georgia, I do hereby affirm that I:

- (1) Do not have a felony conviction in this or any other state;
- (2) Have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence), to have abused, neglected, sexually assaulted, exploited or deprived any person or have subjected any person to serious injury as a result of intentional or grossly negligent misconduct; and
- (3) Have not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person.

I understand that providing false information on the attestation statement may cause me to be ineligible for placement with clients seeking services from Aaron's Home Care.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Agency Representative/Witness