Pennsylvania
Department of Human Services

VERIFICATION OF AFFILIATIONS

APPLICATION FOR A CERTIFICATE OF COMPLIANCE FOR A HUMAN SERVICES SETTING

1. I, _____ (Name), certify that I am the _____ (Title) of _____ (Legal Entity/Applicant), organized under the laws of Pennsylvania, Federal Tax ID# of _____ (Federal Tax ID# of). I certify that I am authorized to make the statements herein on behalf of the Legal Entity/Applicant, as a duly authorized agent of the Legal Entity/Applicant, and that the information set forth in this document is true and correct. All members of the Legal Entity/Applicant are set forth in Attachment 1. Identification of each member, including those who may own shares or volunteers who have operational decision-making authority and/or have any ownership interest shall include the member's name, title, relationship and affiliation to the Legal Entity/Applicant and Tax Identification (ID) number.
2. Where another legal entity is a member of the Legal Entity/Applicant, the members of that related legal entity are identified in Attachment 2. Where legal entities are members of these related legal entities, disclosure of the related legal entity's members shall continue to be identified, until a *natural person* is identified as the responsible person for each legal entity that is identified as a member of the Legal Entity/Applicant. Identification of each member, including those who may own shares or those who volunteer their service as member or board member shall include the member's name, title, relationship and affiliation to the Legal Entity/Applicant and Tax ID number. This may all be included in Attachment 2.
3. The names of agencies/facilities/residential care homes licensed **in Pennsylvania** with which any legal entities or natural persons identified in Attachments 1 and 2 are affiliated are as follows:

   Name, address, MPI/NPI number if applicable, license number, Licensing Agency (attach additional pages if necessary).

   a.

   b.

   c.
4. The names of agencies/facilities/residential care homes licensed **in any other state** with which any of the legal entities or natural persons identified in Attachments 1 and 2 are affiliated are as follows:

   Name, address, MPI/NPI number if applicable, license number, Licensing Agency (attach additional pages if necessary).

   a.

   b.

   c.

5. If requesting a change in a 'doing business as (dba)' name of the fictitious name on the certificate of compliance, the legal entity attests that all members and affiliations are in good standing by being fully licensed and not subject to any current license sanction or civil monetary penalty, which includes attestation that all affiliated licensed agencies/facilities/residential care homes are in full compliance. If the dba name change is in preparation for a Change of Legal Entity the legal entity attests that the proposed buyer/legal entity and all its members affiliated licensed agencies/facilities/residential care homes are in full compliance and are in good standing.
6. The Legal Entity/Applicant _____ ***IS*** _____***IS NOT*** contracted with a management company to oversee and manage day-to-day operations. In circumstances where the Legal Entity/Applicant **IS** contracted with a management company, the Legal Entity/Applicant attests that the management company and its affiliates, including other legal entities and natural persons with supervisory or management authority within the management company, are not subject to a negative sanction against any licenses held by them, and further attests that other facilities where the management company is contracted to provide oversight and management of day-to-day operations are also not subject to negative sanctions against those licenses (attestation of good standing). This applies to facilities operating in Pennsylvania, and in other states. I agree that the Legal Entity/Applicant shall provide the Department with a copy of the Management Agreement upon request. I further agree that where the Legal Entity/Applicant **IS NOT** contracted with a management company currently, or changes management companies, the Legal Entity/Applicant shall notify the Department within 30 days of the Legal Entity/Applicant entering a contract with a management company or with a new management company. I understand that the attestation of good standing is made and applies to any management companies that the Legal Entity/Applicant contracts with at any time.

These statements are true and correct, and made subject to the penalties under 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities). I also understand that any false statements made herein or in the attachments provided constitute noncompliance with the responsible person requirement under 62 P.S. § 1007 of the Human Services Code, fraud, deceit and misconduct under 62 P.S. §1026(b)(1), (2), and (4) and 55 Pa. Code §§ 20.71(a)(1), (2), (6), and (7) and may serve as the basis for license nonrenewal, denial, or revocation.

_____ _____

NAME/TITLE (print or type) ADDRESS

_____ _____

SIGNATURE DATE (mm/dd/yyyy)

Pennsylvania
Department of Human Services

VERIFICATION OF AFFILIATIONS*

APPLICATION FOR A CERTIFICATE OF COMPLIANCE FOR A HUMAN SERVICES SETTING

ATTACHMENT 1

I, _____ Name _____, certify that I am the _____ Title _____
of _____ Legal Entity/Applicant _____, organized
under the laws of Pennsylvania, Federal Tax ID# of _____ Federal Tax ID# of _____.

I certify that I am authorized to make the statements herein on behalf of the Legal Entity/Applicant, as a duly authorized agent of the Legal Entity/Applicant, and that the information set forth in this document is true and correct.

Name of Legal Entity/Applicant/Member	Title	Relationship to Legal Entity/Applicant	Affiliation to Legal Entity/Applicant	Tax Identification Number

These statements are true and correct, and made subject to the penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I also understand that any false statements made herein or in the attachments provided constitute noncompliance with the responsible person requirement under 62 P.S. § 1007 of the Human Services Code, fraud, deceit and misconduct under 62 P.S. §1026(b)(1), (2), and (4) and 55 Pa. Code §§ 20.71(a)(1), (2), (6), and (7) and may serve as the basis for license nonrenewal, denial, or revocation.

_____ _____
NAME/TITLE (print or type) ADDRESS

_____ _____
SIGNATURE DATE (mm/dd/yyyy)

***Affiliations include anyone with management control but may not be a member of the legal entity. Examples include facility director, person designated as the responsible person acting for the legal entity, and/or anyone the legal entity entrusts to act on their behalf.**

Pennsylvania
Department of Human Services

VERIFICATION OF AFFILIATIONS*

APPLICATION FOR A CERTIFICATE OF COMPLIANCE FOR A HUMAN SERVICES SETTING

ATTACHMENT 2

I, _____ Name _____, certify that I am the _____ Title _____
of _____ Legal Entity/Applicant _____, organized
under the laws of Pennsylvania, Federal Tax ID# of _____ Federal Tax ID# of _____.

I certify that I am authorized to make the statements herein on behalf of the Legal Entity/Applicant, as a duly authorized agent of the Legal Entity/Applicant, and that the information set forth in this document is true and correct.

Name of Member	Title	Relationship to Legal Entity/Applicant	Affiliation to Legal Entity/Applicant	Tax Identification Number

These statements are true and correct, and made subject to the penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I also understand that any false statements made herein or in the attachments provided constitute noncompliance with the responsible person requirement under 62 P.S. § 1007 of the Human Services Code, fraud, deceit and misconduct under 62 P.S. §1026(b)(1), (2), and (4) and 55 Pa. Code §§ 20.71(a)(1), (2), (6), and (7) and may serve as the basis for license nonrenewal, denial, or revocation.

_____ _____
NAME/TITLE (print or type) ADDRESS

_____ _____
SIGNATURE DATE (mm/dd/yyyy)

***Affiliations include anyone with management control but may not be a member of the legal entity. Examples include facility director, person designated as the responsible person acting for the legal entity, and/or anyone the legal entity entrusts to act on their behalf.**