



EXHIBIT H
Self-Disclosure of Information

TO PARATRANSIT SERVICES:

PRINT YOUR NAME: _____

Please answer each of the following questions. If your answer is "Yes" to any of the questions below, please give details. Provide the date, what state, the crime and/or findings.

In this state or any other state, have you ever been:

Convicted of any crime?

Yes No

Found to have sexually assaulted, physically abused, or exploited a child or adult.

Yes No

Found to have violated a protection order, restraining order.

Yes No

Sanctioned by a disciplinary board (professional licensing board) or by agreed order had your license suspended, revoked or denied for sexual or physical abuse, neglect or exploitation of a minor or adult.

Yes No

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract.

This document is signed and sworn under penalty of perjury. I certified that the above information is true and correct. My signature below authorizes Paratransit Services to obtain conviction records from Washington State Patrol and other states; and to obtain from Washington and other states licensing information and any determination or finding of abuse, neglect or exploitation. I understand that the result of this background check will be kept in total confidence and may be released to or reviewed by Paratransit Service and DSHS when monitoring contract compliance.

Signature of person to be checked

Date