

**OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES-0511
Health Resources Development Service
P.O. Box 268823
Oklahoma City, OK 73126-8823
Telephone (405) 271-6868 Fax (405) 271-7360**

AFFIRMATION ATTACHMENT

To the Disclosure Statement

This form supplements ODH Form 953-B Disclosure Statement and ODH Form 953-C Detail Attachment to Disclosure Statement. This attachment is to be completed by individuals, members, officers and/or registered agents for the applicant.

Notice to Applicant: The Nursing Home, Adult Day Care, and Continuum of Care and Assisted Living Acts, require the applicant to provide, under oath, true and complete information regarding the facility and the applicant. Willfully filing false, incomplete, or misleading information is a misdemeanor subject to prosecution by the District Attorney or the Attorney General. In addition, any person willfully providing false, incomplete, or misleading information is subject to a penalty and suspension, non-renewal or revocation of the facility's license.

By my signature below, I certify that the foregoing is true and correct to the best of my knowledge and belief and also certify that I am not less than twenty-one (21) years of age; of reputable and responsible character; in sound physical and mental health; and have not been convicted of a felony, meaning a crime that would have a bearing on the operation of a nursing facility.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Address of Applicant or Person Signing for Applicant

Facility ID #

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____

Name(s) of person(s) making statement.

Signature of Notary Public

Seal or Stamp:

My Commission Expires: _____ / _____ / _____

My Commission Number is: _____