

**LAKE COUNTY BOARD OF DD/DEEPWOOD  
COMPLIANCE WITH REGULATION 5126.033**

**AFFIDAVIT**

I, \_\_\_\_\_, hereby state as follows:

1. I am not in a capacity to influence the award of the contract and/or agreement to provide services.
2. I have not attempted in any manner to secure the contract and/or agreement on behalf of the individual, agency, or other entity.
3. I am not employed in a management level two or three according to rules adopted by the Director of the Ohio Department of Developmental Disabilities.
4. I am not employed by the Board during the period when the contract and/or agreement is developed as an administrator or supervisor responsible for approving or supervising services to be provided under the contract and/or agreement and I agree not to take such a position while the contract and/or agreement is in effect, regardless of whether the position is related to the services provided under contract and/or agreement.
5. I have not taken any actions that create the need for the services to be provided under the contract and/or agreement.
6. I am not currently employed in the Service & Support Administration Department as an SSA.

If for any reason, my work assignments and/or my work schedule were to abridge the criteria listed above, or change at either place of employment, I understand that I am required by law to notify the Superintendent of the Lake County Board of DD/Deepwood.

\_\_\_\_\_  
Signature Date

Complete the following information:

Name of Community Residential Provider \_\_\_\_\_

Anticipated/Current Schedule for Community Residential Provider \_\_\_\_\_

Anticipated/Current Position at Lake County Board of DD/Deepwood \_\_\_\_\_

Schedule at Lake County Board of DD/Deepwood \_\_\_\_\_

**The statement below must be read and signed by the Community Residential Provider with whom you are seeking employment or with whom you are currently employed**

- 7. The individual, agency, or other entity seeks the services of the employee because of the employee's expertise and familiarity with the care and condition of one or more eligible individual(s) and other persons with such expertise and familiarity are unavailable, or an eligible individual has requested to have the services provided by that employee.

\_\_\_\_\_  
Signature                                  Company Name                                  Date