LAKE COUNTY BOARD OF DD/DEEPWOOD COMPLIANCE WITH ORC 5126.033

I, ______, hereby state as follows:

AFFIDAVIT

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
	y reason, my work assignments and/or my work schedule were to abridge the criteria listed understand that I am required to notify the Superintendent of the Lake County Board of twood.
Signature	Date
Complete	e the following information:
Name of	Individual Planning to Serve:
Anticipat	red Start Date:

Board Pol Attachme	
Current Po	sition at LCBDD/Deepwood:
	nent below must be read and signed by the Individual or his/her guardian, to whom you ing to provide r services:
7.	I, the undersigned, hereby acknowledge that I have sought the services of the above named employee solely because of his/her experience and familiarity with the care of individuals with developmental disabilities and hereby request to have the services provided by this employee.
Signature	