

# Appendix A

## Sample Monthly Disclosure Form

Please answer each question below honestly and to the best of your ability. Failure to disclose any criminal or civil action against the agency will result in revocation of A+ Rating, and will consequently be publicly censored.

This form is to be completed and returned to HCSB on a monthly basis.

Return to HCSB no later than the 5<sup>th</sup> of each month.

In the last 30 days has the agency, it's administrators, staff or caregivers

1. Been accused or convicted of a felony?

No                      Yes: Explain

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2. Been a defendant or respondent in any criminal proceeding relating to the/their professional business conduct, or is currently named as a party in any such action?

No                      Yes: Explain

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3. Been a defendant or respondent in a civil action, which includes, but is not limited to, a lawsuit, arbitration, or mediation relating to the/their professional or business conduct, or is currently named as a party in any such action?

No                      Yes: Explain

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**4. Had a license, permit, certificate, registration, or membership denied, suspended, revoked or restricted by any governmental, regulatory, or administrative body, or has any such body censured, fined, restricted or reprimanded the agency or its affiliates?**

**No**                      **Yes: Explain**

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**5. Has any governmental, regulatory, or administrative body named the agency, staff, or its affiliates as a subject of an investigation or complaint?**

**No**                      **Yes: Explain**

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**6. Been censured, fined, reprimanded, or otherwise disciplined by any professional credentialing organization to which the agency or its affiliates did or do belong, or has such organization named the agency or its affiliates as a subject of an investigation or complaint?**

**No**                      **Yes: Explain**

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