

STATEMENT OF NON-SANCTION

I acknowledge that I have been informed by The Arc of the Capital Area that a review of the OIG's Cumulative Sanction List will be performed to verify that I have not had state nor federal sanctions imposed for the following Social Security Act violations:

- 1128 (a)(1) Program related conviction
- 1128 (a)(2) Conviction related to patient abuse of neglect
- 1128 (a)(3) Felony conviction relating to health care fraud
- 1128 (a)(4) Felony conviction related to controlled substance violations
- 1128 (b)(1) Conviction relating to fraud
- 1128 (b)(2) Conviction relating to obstruction of an investigation
- 1128 (b)(3) Conviction relating to fraud
- 1128 (b)(4) License revocation or suspension
- 1128 (b)(5) Suspension or exclusion under a Federal or State health care program
- 1128 (b)(6) Excessive claims or furnishing of unnecessary or substandard items or services
- 1128 (b)(7) Fraud, kickbacks and other prohibited services
- 1128 (b)(8) Entities owned or controlled by a sanctioned individual
- 1128 (b)(9) Failure to disclose required information
- 1128 (b)(10) Failure to supply requested information on subcontractors and suppliers
- 1128 (b)(11) Failure to provide payment information
- 1128 (b)(12) Failure to grant immediate access
- 1128 (b)(13) Failure to take corrective action
- 1128 (b)(14) Default on health education loan or scholarship obligations
- 1128 (b)(15) Individuals controlling sanctioned entities
- 1128 Aa Imposition of a civil money penalty or assessment
- 1156 (b) PRO recommendation

I understand that verification of non-sanctions both at the state and federal levels will be done, by checking OIG database, at the time of hire and monthly while employed by The Arc of the Capital Area. I acknowledge that if I am found to be ineligible for participation in state or federal health care programs, that my employment will be terminated immediately. I have informed this agency of all names, (IE, aliases, maiden), that I have used in the past. I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

I understand that The Arc of the Capital Area is a tobacco-free workplace.

PLEASE PRINT LEGIBLY:

NAME (LAST, FIRST, FULL MIDDLE) *AS IT APPEARS ON YOUR SOCIAL SECURITY CARD* MAIDEN

LIST ALL OTHER NAMES EVER USED (ALIASES, MARRIED NAMES, ETC.)

ADDRESS CITY, STATE, ZIP. TELEPHONE NUMBER

Have you lived in Texas for the past 7 years? YES _____ NO _____
If No, please list on the back of the page all of the addresses you have lived during the past 7 years.

DATE OF BIRTH (MM/DD/YYYY) SSN

SIGNATURE DATE

GUARDIAN SIGNATURE IF APPLICABLE: