

## Conflict of Interest - PART A Disclosure Statement for Program Participants

In accordance with the Conflict of Interest Policy of MAAC, all "Program Participants" are required to provide the following information upon enrollment in any MAAC program.

Date \_\_\_\_\_

Program Participant Name \_\_\_\_\_

Parent's Name (if under age 18) \_\_\_\_\_

Program you are applying for: \_\_\_\_\_

**Part A: Please answer the following questions:**

1. Are you currently employed at MAAC?  Yes  No
2. Are you a spouse, domestic partner, and or a family member of a MAAC Employee? (Family members also includes: parent, child, or spouse of a child, brother, sister, or spouse of a brother or sister.)  Yes  No

**If you answered "Yes" to any of the questions above:** you must complete Part B.  
**If you answered "No" to all questions,** please sign and date the certification statement below. (Do not fill out Part B.)

**Part B: Please specify any relationship you may have with a MAAC employee: spouse, domestic partner, or family member.**

1.

First Name, Last Name	Job Title	Program/Work Site	Type of Relationship

**COI Certification**

*I understand that disclosing a relationship to a MAAC employee will not prohibit me from receiving services and that participation in the program is strictly based on eligibility criteria. No preferential treatment will be accorded based on family relationships that may be disclosed. I also verify that I qualify to receive such services based on the eligibility criteria established for the program. I hereby certify that the information set forth above is true and complete to the best of my knowledge.*

Program Participant Signature	Date
Office Use Only	
<b>Manager Review</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Manager Initial:</b> _____	
<b>Eligibility</b> <input type="checkbox"/> Income Eligible <input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> TANF <input type="checkbox"/> Over Income	
Approval required only if the participant is a MAAC Employee and or Part B is filled out.	

Program Director Signature	Date	Director of Compliance Signature	Date	President & CEO Signature	Date
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