

DISCLOSURE STATEMENT

Adult Household Members

I, the adult household member of a prospective or approved resource family household, understand that, pursuant to 23 Pa.C.S. §§6301-6385 (The Child Protective Services Law), Diakon Adoption and Foster Care must obtain information to conduct a background check.

I understand that Diakon Adoption and Foster Care will access and review criminal history record information and child abuse history clearances for all household members 18 years of age and older.

I have not been convicted of any of the following crimes or the attempt, solicitation or
conspiracy to commit any of the following crimes including those under Title 18 of the
Pennsylvania Consolidated Statues ("Crime Codes") or equivalent crime in another
jurisdiction.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children"
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c)(d)	(relating to obscene and other sexual materials and
	performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children); or an equivalent
	crime under federal law or the law of another state

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

	I have not been convicted of and am not under pe those disclosed as follows (include the dates, loca outcome):	ation/jurisdiction, circumstances and	
	I have not been the perpetrator of any report of chefounded.	nild abuse that has been indicated or	
	I understand that the certifications obtained for volunteering purposes can only be used for that purpose and cannot be submitted to Diakon Adoption and Foster Care as an adult household member of a prospective or approved resource family home.		
and for f	reby swear/affirm that the information I proceed to the best of my knowledge and belaise swearing is a misdemeanor of the third fithe "Crimes Code."	lief. I understand that the penalty	
Name	of adult household member (printed):		
Signa	ture:	Date:	
Name	of Diakon representative (printed):		
Signa	ture:	Date:	