



Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: LHZ52 DATED 5/6/19

THE UNDERSIGNED VENDOR HEREBY ATTESTS IT IS IN COMPLIANCE WITH THE EMPLOYMENT SCREENING CLAUSE CONTAINED IN THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD INTEGRATED CONTRACT. ALL REQUIRED STAFF HAVE BEEN SCREENED OR THE VENDOR IS AWAITING THE RESULTS OF SCREENING.

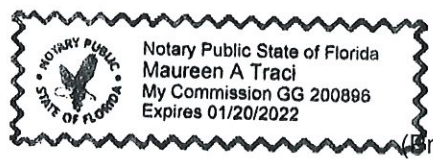
VENDOR NAME: WestCare Gulfcoast - Florida, Inc.
(Print Name)

BY: James A. Dates DATE: 5/6/19
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: James A. Dates, V.P.
(Print Name/Title)

STATE OF Florida
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 6 day May of 2019, by
James Dates



Maureen A. Traci
Signature of Notary

(Print, Type, or Stamp Commissioned Name of Notary Public)

[Check One] Personally Known OR Produced the following I.D. _____

VENDOR NAME	<u>WestCare Gulfcoast - Florida, Inc.</u>	FEIN#	<u>59-3714627</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE			
<u>James Dates, Regional Vice President</u>			
ADDRESS:	<u>8800 49th St. N # 402</u>		
CITY, STATE, ZIP:	<u>Pinellas Park, FL 33182</u>		
PHONE NUMBER:	<u>727-490-6768</u>		
EMAIL ADDRESS:	<u>james.dates@westcare.com</u>		

CORPORATE SEAL (IF APPLICABLE)