



Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: LH834 DATED 03/10/22

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: [Signature] DATE: 8/15/2022
SIGNATURE OF AUTHORIZED REPRESENTATIVE

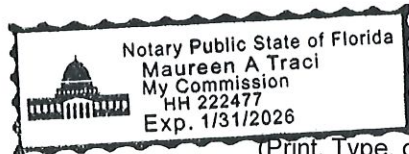
REPRESENTATIVE'S NAME/TITLE: Larry McArthur, Vice President
(Print Name/Title)

STATE OF Florida
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 15 day Aug of 2022, by

Larry McArthur

[Signature]
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</u>	FEIN#	<u>59-3714627</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE			
<u>Larry McArthur, VP</u>			
ADDRESS: <u>1735 Dr. MLK Jr. St. S.</u>			
CITY, STATE, ZIP: <u>St Petersburg, FL 33705</u>			
PHONE NUMBER: <u>727-490-6767</u>			
EMAIL ADDRESS: <u>Larry.mearthur@westcare.com</u>			

CORPORATE SEAL (IF APPLICABLE)