



# Rhode Island Department of Human Services

## Criminal Records Affidavit

Updated 3/15/24

Applicant Information			
Name:		Date of Birth: (MM/DD/YYYY)	
Address:		State:	Zip:

Health and Well-Being Information		
Have you ever been convicted of any offense in the appendix of the regulations under CRIMINAL RECORDS CHECKS, DISQUALIFYING INFORMATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain:

I hereby certify that under penalty of perjury that the above information is complete, true and correct. In addition I understand that any false representation may be cause for denial or termination of employment and/or licensure.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Form Completion