

Confidential Address Program Declaration

(To be completed by Certified Agency Representative)

I, , declare under penalty of perjury that
the following is true and correct:

1. I have interviewed (name of participant)
2. It is my professional opinion that the aforementioned applicant has been a victim of domestic violence, sexual assault, or stalking.
3. I base my opinion on the screening document attached as Exhibit A.

X _____
Signature of Agency Representative

Date: