

## **POTENTIAL CONFLICT OF INTEREST DISCLOSURE NOTICE**

This document is designed to verify employees, close relatives of employees or members of an employee's immediate household are **income eligible for HACAP services and that eligible employees do not receive any priority.** If as an Employee or Program Manager you are unsure if the client meets the criteria for a "Potential Conflict of Interest" please continue with the process-fill out the form, verify information and route for appropriate signatures.

1. Please accept this as notification that (Applicant's Name) \_\_\_\_\_, is requesting the following HACAP services: \_\_\_\_\_

a. Applicant is a HACAP employee: (check one)                      **YES-if yes, proceed to Questions 5-9**    **No**

b. Applicant is a close relative or member of immediate household: (check one)        **Yes**        **No**

**If yes, is HACAP employee aware relative is requesting services: (check one)**

**Yes-If yes, proceed to Questions 2-9.        No-If no, proceed with Questions 5-9.**

**Questions 2-4 completed by HACAP employee (only if the employee is aware service is being delivered or is part of the service application or selection process).**

2. My relationship to the applicant is: \_\_\_\_\_

3. I work in what department/program of HACAP: \_\_\_\_\_

4. This person is a member of my immediate household: (check one)        **Yes**        **No**

**By signing this form, I verify I was not involved in the completion of the application or the selection process for the requested HACAP services.**

\_\_\_\_\_  
**Signature of HACAP Employee**

\_\_\_\_\_  
**Date**

**Questions 5-8 completed by Program Manager (maintaining client confidentiality is critical-if an employee is unaware of the service being delivered or is not part of the application or selection process they do not fill out questions 1-4).**

5. I have personally verified the application and eligibility documentation: (check one)        **Yes**        **No**

a. Applicant meets the program's income eligibility documentation: (check one)                      **Yes**        **No**

b. Applicant is requesting in an over-income slot and meets the program specific eligibility requirements (please attach support documentation): (check one)        **Yes**        **No**

6. Applicant is next on the program waiting list and received no preferential treatment: (check one)    **Yes**        **No**

7. Applicant is requesting private pay services and has made arrangements for program fees to be paid in advance or through the Payroll Deduction process (Acceptance has been based on a first come/first serve basis, referencing the application date): (check one)        **Yes**        **No**

8. Are you aware of any appearance of "Conflict of Interest" that may result from the approval of this request? (check one)        **Yes-If yes, please explain on the back of this form**        **No**

**By signing this form, I verify that employee disclosing the above information WAS NOT involved in any part of the selection or processing for the requested HACAP services.**

\_\_\_\_\_  
**Signature of Program Manager**

\_\_\_\_\_  
**Date**

**Statement 9 competed by the Executive Director or Designee.**

9. Request for service has been (check one)                      **APPROVED**        **DENIED**

\_\_\_\_\_  
**Signature of Executive Director**

\_\_\_\_\_  
**Date**

Cc: HACAP Employee Personnel File, HACAP Employee, Client File