

## CHILD AND FAMILY CONNECTIONS NEPOTISM DISCLOSURE FORM

CFC Program Managers are responsible to ensure each CFC employee completes this form upon hire or at any reported change in status, and by July 1, annually. Please write legibly or type the form for printing and signature.

Please mark appropriate box(es):

New Employee (initial form to file)

Current Employee (have an earlier dated form on file)

CFC Employee Name:

*(Last Name, First Name & Middle Initial)* \_\_\_\_\_

CFC #: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cornerstone Employee ID Number *(if employee has Cornerstone access)*: \_\_\_\_\_

Yes	No	Please answer the following question.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a family (immediate or extended) relationship, as defined in the Early Intervention (EI) Nepotism Policy, with any Early Intervention service provider or agency owner that provides EI services?

If yes, please provide the name of each individual and the nature of the relationship.  
*(attach separate list if more than one)*

Name of Provider or Agency Owner: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agency Name, if Applicable: \_\_\_\_\_

By signing below, I confirm that I have received and read the EI Nepotism Policy. I understand that I may not issue authorizations, or influence another CFC employee to issue authorizations, to immediate family members or individuals who live in my household. I understand I may issue authorizations to extended family members as long as I disclose the relationship(s) in this form, I comply with the Individualized Nepotism Plan (INP) that I enter into with my CFC Program Manager and I follow the Provider Selection Policy.

If I answered "Yes" to the question above, I will enter into a Bureau of EI approved INP with my CFC Program Manager to ensure the policy and procedures outlined in the Nepotism section are followed. I will comply with the INP and retain a copy of the INP in my records.

I agree that when I become aware of any other family (immediate or extended) relationship, as defined in the EI Nepotism Policy, with any EI service provider or agency owner that provides EI services, I will immediately disclose the relationship on a new Nepotism Disclosure Form, and submit it to my CFC Program Manager.

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CFC Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_