

Juvenile Services Department

**V. Suspension or Debarment**

Have you, any of your employees, or, any individual who has an ownership or controlling interest in the disclosing entity ever been placed on the federal Office of the Inspector General, Health and Human Services (OIG/HHS) exclusions list or otherwise been suspended or debarred from participation in Medicare, Medicaid or Title XVIII, XIX, or XX services programs. If yes, list each person below. Attach additional pages as necessary.

NAME AND TITLE	SSN/TIN	PERCENTAGE
N/A	N/A	N/A

ADDRESS  
N/A

NAME AND TITLE	SSN/TIN	PERCENTAGE
N/A	N/A	N/A

ADDRESS  
N/A

**VI. Status Changes**

Is a change of ownership anticipated within the next year?  Yes  No

Is this facility operated by a management company or leased in whole or party by another organization?  Yes  No

If yes, list date of change in operations:

Has there been a past bankruptcy or do you anticipate filing for bankruptcy within the next year?  Yes  No

If yes, when?

List each of the Board of Directors of the disclosing entity. Attach additional pages as necessary.

NAME AND TITLE	SSN/TIN	PERCENTAGE
Josh Brown, Chair	N/A	N/A

ADDRESS  
Kitsap County Board of Commissioners, 614 Division St. MS-4, Port Orchard, WA 98366

NAME AND TITLE	SSN/TIN	PERCENTAGE
Steve Bauer, Commissioner	N/A	N/A

ADDRESS  
Kitsap County Board of Commissioners, 614 Division St. MS-4, Port Orchard, WA 98366

NAME AND TITLE	SSN/TIN	PERCENTAGE
Charlotte Garrido, Commissioner	N/A	N/A

ADDRESS  
Kitsap County Board of Commissioners, 614 Division St., MS-4, Port Orchard, WA 98366

Who ever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the appropriate state agency. By signature I certify that the information provided within, is true and correct and I fully understand the consequences as explained above.

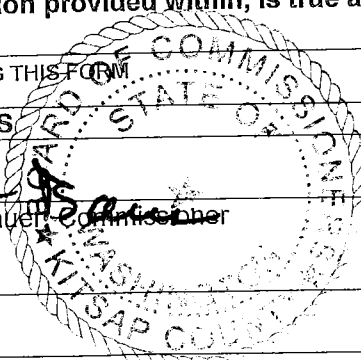
VII. SIGNATURE AND TITLE OF INDIVIDUAL COMPLETING THIS FORM \_\_\_\_\_ DATE \_\_\_\_\_

KITSAP COUNTY BOARD OF COMMISSIONERS

*Josh Brown*  
Josh Brown, Chair

*Steve Bauer*  
Steve Bauer, Commissioner

*Charlotte Garrido*  
Charlotte Garrido, Commissioner



ATTEST

*Opal Robertson*  
Opal Robertson, Clerk of the Board

Date: 4/26/10