

## North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 #9200 Oakdale Avenue #100, Chatsworth, CA 91311 #www.nlacrc.org

## STATEMENT OF OBLIGATION

1.	The applicant is presently providing social services to regional center consumers or other members of the community.  \[ \begin{align*} \text{No} & \begin{align*} \text{Yes} \\ \text{If yes, indicate name, location, type and capacity of service(s).} \end{align*}	
2.	The applicant is currently receiving or planning to apply for grants/funds from any so to develop social service programs?  No Yes  If yes, indicate name, location, type and capacity of service(s).	arce
3.	The applicant or member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect)?  □ No □ Yes  If yes, explain in detail.	on
4.	Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or State Licensing Agency?  Description   Description	
5.	Describe other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (time commitment) of eac obligation. Do not include services you propose to provide through this proposal.	h
Signo	ture of Applicant or Authorized Representative Date	