

FCS Provider Conflict of Interest Form

CONFLICT OF INTEREST DESCRIPTION

Conflict of interest includes any situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and professional or public interest. An interest need not be financial to create a real or apparent conflict or collusion with rental agencies and property management companies. Ask yourself: Would a reasonable person conclude that a private or personal interest, relationship, or other factors could impair your independent and impartial judgment in this AHAH Rental Assistance Program? If so, there is likely a conflict of interest.

CONFLICT STATEMENTS

To ensure a conflict-free rental process (initial all that apply):

_____ I have carefully evaluated my position and I am not aware of any issue that would create a conflict in my ability to participate in an impartial and objective manner in helping AHAH-RAP Awardees locate, obtain or maintain housing.

_____ I have carefully evaluated my position and I am not aware of any situation which would place me in a position of real or apparent conflict of interest between my responsibilities as a representative of the AHAH-RAP or Foundational Community Supports Program and other interests.

_____ In making this certification, I have considered all financial interests, personal and social relationships, and employment arrangements (past, present, or under consideration).

_____ I have identified a potential conflict of interest and have identified below how the agency will move forward, recusing myself and releasing me of potential conflict and allowing the AHAH-RAP Awardee to continue their search for housing and engagement in the program.

CONFIDENTIALITY

_____ (initial) I understand that all AHAH-RAP Awardee information is protected under The HIPAA Privacy Rule and assure that I will take appropriate steps to protect the confidentiality of the awardee's information and records when communicating with landlords and other interested parties in the awardee's housing search. I understand that unauthorized use or disclosure of Awardee information may subject me to civil liability under Washington State law.

Signature

FCS Provider Printed Name: _____ Date: _____

FCS Provider Signature: _____ FCS Provider Agency: _____