

It is understood that if the facility has changed, added or deleted from their Policies and Procedures, that a complete copy of the current Policies and Procedures must be sent to the County.

**AFFIDAVIT**

**NO CHANGE, DELETIONS OR ADDITIONS TO POLICIES AND PROCEDURES.**

This is to certify that \_\_\_\_\_, at  
Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

is currently using the same Policies and Procedures that were approved during the last licensing period. There have been no changes, additions or deletions to these Policies and Procedures since the last licensing period from \_\_\_\_\_ to  
(Beginning Licensing Date)  
the current date shown below.

\_\_\_\_\_  
Administrator - print

\_\_\_\_\_  
Administrator -signature

\_\_\_\_\_  
Date

Please send to:

Doug Peterson  
Quality Management Residential Licensing Specialist  
Mental Health and Addictions Services Division  
421 SW Oak Street, Suite 520  
Portland, Oregon 97204