

**Form A**

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

**AFFIDAVIT OF BOARD MEMBER**

Before me, the undersigned, on this day personally appeared \_\_\_\_\_  
who, being by me duly sworn, deposed as follows: *(Enter Full Name and Credentials)*

My full name is \_\_\_\_\_ and I shall be contacted at:

County of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

I am a Board member of the North Texas Behavioral Health Authority (NTBHA)

Located in \_\_\_\_\_, Texas.

My term of office is *(date)*: \_\_\_\_\_ to *(date)* \_\_\_\_\_

I have read and am familiar with the current NTBHA contract with DSHS.  
I have read and am familiar with the current behavioral health organization statement of work with DSHS.  
I have read and am familiar with the current memorandum of understanding between NTBHA and the behavioral health organization.  
I affirm neither I nor my spouse owns or controls, directly or indirectly, more than a ten (10%) interest in a business entity or other organization receiving funds from NorthSTAR or be employed by such a business entity or other organization or serves on the governing board of any BHO which is under a contractual obligation to Contractor.  
I affirm that I qualify for appointment to the Board under Texas law and NTBHA Bylaws.  
I affirm that I have not participated in the hiring, nor will I participate in the hiring of a person who is related to any member of the Board by affinity within the second degree or by consanguinity within the third degree.  
I agree to report immediately in writing to the DSHS Contract Manager for the DSHS-NTBHA contract any conflict of interest, grounds for removal or disqualification of my membership on the Board that occurs during this fiscal year.  
By my signature below, I certify that I have read and understand this document and that the statements that I make herein are correct and complete.

\_\_\_\_\_  
*Signature of Board Member*

\_\_\_\_\_  
*Date*

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned Notary Public, on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Texas  
My Commission expires: \_\_\_\_\_

## **Form A**

### INSTRUCTIONS FOR THE AFFIDAVITS

All members of the NTHBA Board must complete and have a Notary Public notarize the affidavit as indicated.

On the "Affidavit of Board Member" form, the county at the top of the affidavit in the right-hand corner should reflect the county *where the affidavit is being notarized*.

The County of Residence on the "Affidavit of Board Member" form is to be the county of residence for the member. The "Affidavit of Board Member" form is to include the complete mailing address of the member. (The mailing address is to be the address to which all correspondence is to be sent from DSHS and may be different from the home address, but may not be an address that can be accessed by any employee of the authority.)

This form will be made available to you electronically.