### Safe at Home Program
**Enrolling Assistant Application**

Please check one of the following:
- [ ] New Registration
- [ ] Cancellation (complete only Questions 1, 2 and signature section)

1. **Enrolling agent name**

2. **Enrolling assistant name**

3. **Enrolling assistant’s contact address, if different than enrolling agent**
   - Street Address
   - City
   - State
   - Zip

4. **Enrolling assistant’s phone number**

5. **Assistant’s after-hours phone number**

6. **Assistant’s email address**

7. **Read each statement below and acknowledge your understanding by checking the box next to each statement.**
   - [ ] I understand that Safe at Home is only an option for candidates who meet all the requirements of the program and that I am required to complete the Safe at Home application checklist with each applicant.
   - [ ] I understand that all information obtained during the course of completing the Safe at Home application is confidential and if released or shared could endanger the safety of the applicant; therefore, I will not copy or keep Safe at Home applications or any records with confidential physical addresses.
   - [ ] I understand that I am not an employee or agent of the Kansas Attorney General and will not represent myself as such.

8. **I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.**

   Enrolling Assistant Signature
   
   Name of Signer (printed or typed)

   Attested by Executive Director, CEO, or Authorized Officer of Enrolling Agent  ■ This signature must match authorizing signature on Enrolling Agent application.

   Name of Signer (printed or typed)