

**Northern Homecare Services
Criminal Records Check
Consent to Release Information**

Applicant Name _____

Previous Names (Maiden name) _____

Current Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Do you have a Criminal Background? (Y/N) _____

If yes explain _____

Do you have anything on your driving record? (Y/N) _____

If yes explain _____

Have you ever lived in a state other than MI (Y/N) _____

If yes, list the address and dates you lived there:

Address _____

City _____ State _____ Zip _____

Dates: From _____ To _____

(use back if you need more room)

Social Security Number _____

Driver's License State _____ Driver's License Number _____

(for Identification Purposes)

Date of Birth (mm/dd/yyyy) _____

A Clear and Current copy of my Social Security Card and Driver's License (or State ID Card) is attached

Please read this section carefully and acknowledge your understanding by signing your name in the spaces below.

Consent to Conduct Criminal Background Check

I give permission to Northern Homecare Services to conduct a Criminal Background Check to investigate my criminal history and a driving record (if applicable). I understand that the scope of the investigation will be limited to a Criminal History and Driving Record. The information obtained from the Criminal History Report and Driving Record will remain confidential and will be used by Northern Homecare Services and its participants to whom I could potentially provide service, for consideration of entering into a contract with me for services.

I understand that the results from my Criminal Background Check and Driving Record may result in my ineligibility to contract with a potential employer because of Medicaid regulations or Northern Homecare Service's policies. In addition, I understand that and falsification or willful omission of fact made in connection with the Criminal Background Check or Driving Record may be sufficient grounds for rejection of my eligibility to contract with Northern Homecare Services. This consent shall be in effect for the tenure of my employment.

Applicant's Signature _____

Date _____

Consent to Release Information

I give permission for Northern Homecare Services, to release the results of my Criminal Background Check and Driving Record (if applicable) to individuals that will be direct consumers of my services and their care managers along with individuals that are guardians or designated representatives of direct consumers of my services. This consent to release shall be in effect for the tenure of my employment.

Applicant's Signature _____

Date _____