



OPERATOR

Background Check Form
Adult Care Home Program
Aging, Disability and Veterans Services

421 SW Oak St, Suite 650 PORTLAND,
OREGON 97204-1817 (503) 988-3000 phone
(503) 988-5722 fax
advsd.adult.carehomeprogram@multco.us

The Adult Care Home Program requires that a background check be completed ANNUALLY for operators. If renewing a Background Check, this form must be received in our office prior to the expiration of the last Background Check

Background check fee - \$15 New Renewal

Please, attach a copy of your government issued photo ID to this application.

1. Last Name:	7. Date of birth:	8. Gender: M <input type="checkbox"/> F <input type="checkbox"/>
2. First Name:	9. Government ID Type:	
3. Middle Name:	10. Government ID Number:	
4. Other names used (last, first, middle):	11. Government ID State of Issue:	
5. License number:	12. Social Security Number(optional):	
6. Home phone / cell phone:	13. Email:	

14. Physical street address:	Apt unit:	15. Mailing Address (if different from physical address):
City:	State:	Zip code:

16. Have you ever had a substantiated abuse or neglect complaint? Yes No

17. Will you be providing transportation services to the residents in the adult care home? Yes No

18. Have you ever held a CNA license? Yes No if yes please provide your CNA#/State: _____

19. Please answer the following question about your race and ethnicity. This information is voluntary and will not be used in any way to determine your eligibility.

- African
- Asian
- Black / African American
- Latino / Hispanic
- Middle Eastern
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- Slavic
- White
- Decline to answer

20. During the last five (5) years, have you been outside of Oregon for 60 days or more in a row? Yes No

If yes, list where:

City:	State:	County:	Country:	From: (month/year)	Until: (month/year)

21. Have you **ever** been charged, arrested and/or convicted of a crime? Yes No

If you answered yes, list all charges, arrests and/or convictions (adult and juvenile) and the outcome regardless of how long ago. Attach additional pages if needed.

Date: (month/year)	List each charge, arrest or conviction:	City:	State:	County:	Outcome:

If you have lived outside of Oregon in the past 5 years or have ever been arrested or convicted of a crime outside of Oregon, you are responsible for submitting fingerprints within 10 days of this application. If you do not provide fingerprints within the specified time, this application may be closed. By initialing here, you acknowledge that once this application is closed, a new application and \$25 fee must be submitted.

22. Initial _____

If you have potentially disqualifying convictions or conditions the Background Check Unit must conduct a weigh test to determine your fitness for the position you've listed. Please provide any information about yourself, your training, education, work history, treatment and circumstances since your criminal abuse history that you want the Background Check Unit to weigh when reviewing your application. Attach additional pages if needed.

Check the appropriate box that you will be providing care for:

23. APD (aging & disabled) DD (*developmental disabilities*) AMH (*addictions & mental health*)

I understand that criminal record and abuse checks will be completed on me. My signature authorizes the Background Check Unit to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event that potentially disqualifying abuse is discovered, I will be notified at the address listed above and asked to provide additional information. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the check may repeat during the time I hold this position.

24. Signature _____ Date: _____