



**NON-CAREGIVER**  
 Background Check Form  
 Adult Care Home Program  
 Aging, Disability and Veterans Services

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The Adult Care Home Program requires that a background check be completed ANNUALLY for anyone over the age of sixteen living in an adult care and room and board homes and anyone working in, visiting or using the facilities. **If renewing a Background Check (BCR)**, this form must be received in our office prior to the expiration of the last BCR, along with a copy of a government issued photo ID and the required \$15.00 fee. **RESIDENTS' visitors do not need to submit a Background Check Request.**

New  Renewal

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

1. Last Name:	8. Government ID Type:
2. First Name:	9. Government ID Number:
3. Middle Name	10. Government ID State of Issue:
4. Email:	11. Social Security # (optional):
5. Home phone / cell phone:	12. Physical Street Address:
6. Date of birth:	13. State:
7. Gender: M <input type="checkbox"/> F <input type="checkbox"/>	14. Zip:

15. Operator Name: \_\_\_\_\_ Adult Care Home License #: \_\_\_\_\_

17. Facility Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

18. Email \_\_\_\_\_

**Please be advised, that if you want to work as a caregiver in an adult care home you will be required to complete a Caregiver Application.**

19. Please indicate the category for which you are applying:

Household Member (over age 16)                       Housekeeping / Property Maintenance

Occupant/Frequent Visitor of Providers                       Other role: \_\_\_\_\_

**We accept Checks or Money Orders ONLY. We do not accept Cash or Debit Cards.**

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

21. Will you be providing transportation services to the residents in the Adult Care Home?                      Yes     No

22. Please provide us with the email address you wish your notification to be sent to, if you don't provide an email, your results will be mailed to you, however this may delay receipt of the results by 5 business days.

23. 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)

24. 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:

25. Other names used (last, first, middle): \_\_\_\_\_

**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.**

26. 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 of the type of home that you are requesting access to:

27.  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.

28. Signature \_\_\_\_\_ Date: \_\_\_\_\_