



BACKGROUND CHECK REQUEST

Adult Care Home Program
Aging, Disability & Veterans Services Division

Background Check Request (\$15.00 fee) **New (must be seen in person)** Renewal

APPLICANT INFORMATION: *Please attach a copy of your current government-issued photo ID.*

1. Last Name	6. Government ID: <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other:
2. First Name	7. Government ID Number
3. Middle Name	8. Government ID State or Country of Issue
4. Other Names Used (<i>last, first, middle</i>)	9. Social Security Number (<i>optional; used to confirm identity during the criminal records check process</i>)
5. Date of Birth	10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

CONTACT INFORMATION: *Do not use the Operator's address unless you will live in the Adult Care Home.*

11. Home Phone	Cell Phone	12. Email Address
13. Physical Street Address & Apt. Unit		14. Mailing Address (<i>if different from physical address</i>)
City	State	Zip Code
City	State	Zip Code

ROLE AND POPULATION

15. Check the box for the population you intend to provide care for or have contact with: <input type="checkbox"/> APD (Aging & People with Disabilities) <input type="checkbox"/> DD (Developmental Disabilities) <input type="checkbox"/> AMH (Addictions & Mental Health)	
16. Check the box for your role: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <i>Care Provider (ACHP application required):</i> <input type="checkbox"/> Caregiver <input type="checkbox"/> Resident Manager <input type="checkbox"/> Operator <i>Non-Care Provider (background check only):</i> <input type="checkbox"/> Household Member <input type="checkbox"/> Occupant <input type="checkbox"/> Volunteer <input type="checkbox"/> Housekeeper <input type="checkbox"/> Property Maintenance <input type="checkbox"/> Other: For Operator (Name): _____ License: _____ Address: _____	
17. Will you be providing transportation services to residents of the adult care home? <i>If yes, please attach a copy of your valid driver's license.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT HISTORY:

18. Have you ever had a substantiated finding of abuse or neglect? If yes, by which agency? _____ Date: _____ If yes, please attach a written explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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19. Are you requesting an expedited background check or preliminary approval due to an immediate need? If yes, please provide additional information regarding the need:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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20. During the last 5 years, have you been outside of Oregon for 60 days in a row or more? If yes, complete the following for each residence in the past five years.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date	End Date	City	State	Country	Names Used at this residence	
21. Have you ever been arrested, charged or convicted of a crime? If yes, list all arrests, charges and/or convictions (adult and juvenile) and the outcome, regardless of how long ago. For each arrest, charge or conviction you list, provide as much information as possible regarding the incident. <i>Attach additional pages as needed.</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Charge, arrest or conviction	Outcome (e.g., conviction, dismissal)	City	County	State	
<p>If you have potentially disqualifying conditions or convictions, the Background Check Unit must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your criminal history, yourself, your training, education, work history, treatment and circumstances since your criminal history that you want the Background Check Unit to weigh when reviewing your background check. <i>Attach additional pages as needed.</i></p>						
22. I understand that criminal record and abuse checks will be completed on me. My signature authorizes the ACHP and Background Check Unit to request and receive any juvenile, police, court or investigation reports needed to complete this background check. If I fail to list any part of my history, I understand my application may be closed or denied due to false statement. In the event that potentially disqualifying abuse is discovered, I will be notified at the address listed above and asked to provide additional information.						Initials: _____
23. If you have out-of-state identification, lived outside of Oregon in the past 5 years or have ever been arrested or convicted of a crime outside of Oregon, or are requested to submit fingerprints for any other reason, you are responsible for submitting electronic fingerprints within 10 days of the state Background Check Unit's request, which ACHP will email or mail to you. 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 fees must be submitted.						Initials: _____
24. 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 background check may be repeated during the time I hold this position.						Initials: _____

Signature: _____

Date: _____

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