



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 color copy of your current government-issued photo ID. Use the first, middle and last names as they appear on your photo ID.*

1. Last Name		6. Type of ID: <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
2. First Name		7. Government ID State or Country of Issue		
3. Middle Name		8. Government ID Number		
4. Other Names Used (<i>last, first, middle</i>)		9. Social Security/ITIN Number (<i>optional, for statewide portability</i>)		
5. Date of Birth		10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Two Spirit <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Unknown/Unspecified <input type="checkbox"/> Other		
11. In the last 5 years, have you lived out of the state of Oregon for more than 60 days in a row or more? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, enter all previous addresses where you lived for more than 60 days:				
Year From	Year To	Street Address	City	State/Country

CONTACT INFORMATION

ACHP will send all correspondence to your email address, including the link to complete this Background Check Request which needs to be completed within 21 days.

12. Your Personal Email Address		13. Your Cell Phone		14. Other Phone	
15. Your Physical Street Address & Apt.		City		State	Zip Code
16. Your Mailing Address, if different		City		State	Zip Code

ROLE AND POPULATION

17. 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"/> MHA (Mental/Behavioral Health) <input type="checkbox"/> I/DD (Developmental Disabilities)
18. Check the box for your role: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Operator <input type="checkbox"/> Resident Manager If applying as caregiver, use the required ACHP Caregiver application, not this form
<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: _____
19. Work Site and Location: Operator (Name): _____ Address: _____

TRAINING:

20. Education & Training Requirements: All employees must complete prior to approval: <input type="checkbox"/> Providing Inclusive Care: Training for Oregon Long-Term Care Facility Staff
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DRIVING

21. Will your duties require driving? <i>If yes, attach a copy of your valid driver's license and proof of insurance.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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BACKGROUND CHECK REQUEST:

22. Do you have an approved Oregon background check for this role? If yes, please include a copy of the fitness determination letter and provide your Social Security/ITIN number	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. 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

Signature: _____

Date: _____

Print Name: _____

Multnomah County Adult Care Home Program, 600 NE 8th St., Suite 100 • Gresham, OR 97030
Phone: 503-988-3000 Fax: 503-988-5722 Email: advsd.adult.carehomeprogram@multco.us



BACKGROUND CHECK REQUEST INFORMATION

Adult Care Home Program
Aging, Disability & Veterans Services Division

DISCLOSURES & AUTHORIZATION TO BE COMPLETED ONLINE BY APPLICANT

You, the applicant, will receive an email from “bcu.orchards@orchards.odhsoha.oregon.gov” with a link to complete the “Disclosures and Authorization” portion of this Background Check Request. The link will work from any computer, tablet or smartphone that has internet access.

When you sign on to this link, be prepared to provide information about the following questions. If you do not provide all relevant information, your Background Check Request may be denied.

- Have you been outside of Oregon for more than 60 days in a row during the past 5 years? If yes, you will need to provide dates, locations and names used at that location.
- Have you EVER been charged, arrested, adjudicated or convicted of a crime? If yes you will need to list all charges, arrests, adjudications or convictions and the outcome, regardless of how long ago.
- Have you ever been named as a perpetrator of abuse or had a founded or substantiated report of abuse or neglect of an abuse or an adult?

If you have any of these potentially disqualifying conditions, you will have the opportunity to provide additional information when you complete your portion of this Background Check Request online. Be prepared to provide information such as:

- What happened leading up to the criminal or abuse history?
- Explain the outcome of the criminal or abuse history.
- Describe any treatment, education and training specifically related to your history.
- How is your history relevant to your position?
- How has your life changed since your history?
- How do you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people?
- List other information you believe would be helpful in making a decision in your case.