



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

SECTION A: TYPE OF SCREENING (Check as many as applicable)

- | | |
|--|---|
| <input type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req) | <input type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge, Notary req) |
| <input type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input type="checkbox"/> 3. Division of Aging Employee Disqualified List (No charge, Notary req) | <input type="checkbox"/> 6. State Criminal Background Check - Name Search (\$5.00) |

SECTION B: REQUESTOR INFORMATION

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 45.540 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME COUNCIL OF CHURCHES OF THE OZARKS		REQUESTOR'S TELEPHONE (417)862-3586	
REQUESTOR'S ADDRESS P.O. BOX 3947	CITY SPRINGFIELD	STATE MO	ZIP CODE 65808
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING

CAREGIVER NAME (LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER		
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	
ALIAS NAME(S)					
ADDRESSES FOR THE LAST 3 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE
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SECTION E: NOTARY INFORMATION (Required for screening types 1, 3 and 4. See Section A above)

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590N (2-99)

COUNCIL OF CHURCHES OF THE OZARKS
ROSELLA WHITE, HUMAN RESOURCES DEPT.
P.O. BOX 3947
SPRINGFIELD, MO 65808

- ◀ ATTN (REQUESTOR'S NAME)
- ◀ ADDRESS 1
- ◀ ADDRESS 2 (IF APPLICABLE)
- ◀ CITY, STATE, ZIP CODE