



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

AGENCY USE

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) |
| <input type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$10.00) |

SECTION B: REQUESTOR INFORMATION

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME		REQUESTOR'S TELEPHONE	
REQUESTOR'S ADDRESS	CITY	STATE	ZIP CODE
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
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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 type 1. See Section A above)

NOTARY PUBLIC EMBOSSE 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 300-1590 (7-10)

Council of Churches of the Ozarks
 Human Resource Department
 P.O. Box 3947
 Springfield MO 65808-3947

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