

Compassion Care In-Home Health

Consent to Criminal Background Check

Is this form a replacement for a previously submitted form? Yes No

Client First and Last Name:

Today's Date:

Select one please: Caregiver Backup Caregiver

The information below is for either the Caregiver or Backup Caregiver, NOT for the client!

Caregiver or Backup Full Legal Name:

Other Full Names EVER Used:

Present Address: with City, Zip:

Social Security #:

Date of Birth:

State Born in:

Country Born in:

List previous city and states for the past 10 years that you have ever lived

in:

Any more addresses: Yes No

Please Upload Drivers License:

Please Upload Social Security Card:

(Note: You can upload jpeg png or gif format files under 2MB) OR PDF (if available)

I, (Caregiver or Backup Caregiver Printed Name) hereby authorize Compassion Care In Home Health LLC., along with any management of Compassion Care In Home Health LLC. to conduct a criminal history background search from Indiana State Police prior to the start of caregiver, along with an annual check yearly. I also hereby agree that a total of \$40 will be deducted from my first stipend pay, and annually, for both Caregiver and Backup Caregiver background check 455 IAC 2-15-2(b)(2). As per Indiana Standards, (b)(2) A prohibition against employing or contracting with a person convicted of crimes including, but not limited to, the following:

- A sex crime (IC 35-42-4)
- Exploitation of an endangered adult (IC 35-46-1-12)
- Abuse of neglect of a child (IC 35-42-2-1)
- Failure to report battery, neglect, or exploitation of an endangered adult or dependent (IC 35-46-1-13)
- Theft (IC 35-43-4), except as provided in IC 16-27-2-5(a)(5)
- Murder (IC 35-42-1-1)
- Voluntary manslaughter (IC 35-42-1-3)
- Involuntary manslaughter (IC 35-42-1-4)
- Battery (IC 35-42-2)

I, (*Caregiver or Backup Caregiver Printed Name*) hereby authorize Compassion Care In Home Health LLC., along with any management of Compassion Care In Home Health LLC to conduct a State of Indiana licensed health professional search, along with nurse aid registry search per 455 IAC 2-6-3(2)(c) . Under penalty of perjury, I, (*Caregiver or Backup Caregiver Printed Name*) hereby swear or affirm that I meet the requirements for qualifying as a Caregiver or Backup Caregiver in regard to the background screening set forth in 455 IAC Regulations. In addition, I agree to inform Compassion Care In Home Health LLC. immediately if I am arrested or convicted for any of the disqualifying offenses (as listed above) while being a Caregiver or Backup Caregiver.

Client Signature:

Caregiver's Printed Name:

Caregiver's Signature: