



Seniors and People with Disabilities

Consent for Release of Information
Children's Intensive In-Home Services

As part of the process of enrolling to be a provider with CIIS, our rules, OAR 411-350-0080(1)(d), OAR 411-300-0170(1)(a)(D), and OAR 411-355-0050(1)(a)(F) require a provider to be free of convictions or founded allegations of abuse or neglect by the appropriate agency, including but not limited to DHS, prior to enrolling as a provider. Your consent is required for this to occur so the provider enrollment process may proceed.

STATEMENT:

I authorize Seniors and People with Disabilities (SPD), to conduct a records check for any child abuse or neglect records.

I understand that the information received will remain confidential, and any identified concerns will be discussed with me in a confidential manner.

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

[ ] Cleared, no abuse history found.

[ ] Concern: \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_