

**AUTHORIZATION AND RELEASE
CRIMINAL BACKGROUND CHECK**

I understand in order to provide respite services as an independent contract provider; a criminal background check must be completed. I have been informed that a criminal history may disqualify me from providing respite services and understand that The Arc of Oakland, Inc. will notify me of the results. I further understand that The Arc of Oakland, Inc. will notify the requesting family as to my eligibility to provide respite services.

I hereby authorize and release from all liability without reservation, The Arc of Oakland, Macomb Oakland Regional Center, Inc., any law enforcement agency, administrator, State/Federal agency, or institution gathering or furnishing the above information.

A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original.

Signature

Date

Name (print)

Date of Birth (must be 18 yrs or older)

Male/Female
(Circle One)

Race - White, Black, Asian, Pacific Islander, American Indian or Alaskan Native, Unknown/Other
(Circle One)

Print all other names previously used

Current Address

City

State

Zip Code

Respite Services for: _____
Name (print)

Address, City

Send or fax to: The Arc of Oakland, Inc.
1641 W. Big Beaver Road -
Troy, MI 48084
Fax 248.816.3340