**Recipient Rights Reference Check**

I authorize, on this date, the release of all information from any applicable Office of Recipient Rights regarding any Recipient Rights complaints of Abuse or Neglect substantiated to be used in determining my employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Request for clearance of any known allegations/charges of consumer abuse and/or neglect for the below stated individual as part of the employment eligibility process with this company or Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Manager Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**PLEASE PRINT LEGABLY:**

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Applicant’s Social Security /Driver’s License Number: |  |
| Previous Program Employed:  |  |

**DO NOT FILL OUT BELOW THIS LINE: RECIPIENT RIGHTS OFFICE ONLY**

Please Indicate the Following:

|  |  |
| --- | --- |
| Substantiated abuse or neglect?  | [ ] Yes [ ]  No |
| Supplemental information:  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recipient Rights Staff Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date