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| **Submit To:** Marion County Health Department 3876 Beverly AVE NE, Bldg G Salem, Oregon 97305 FAX: 503-361-2782  **ATTN: CII Background Check Coordinator** | | | 3. SI Original Start Date: |
| 4. SI Job Title: (Provider, Co-Provider, Resident Manager or Caregiver. May also be family member or tenant living in AFH) |
| Description of Duties: |
| 5. Contact with:  Children | Adults | Seniors | Licensed Provider Name: (Print) |
| 6. Do the duties include driving? | Yes | No | Worksite Address: |
| 7. DHS Program Area  Child Welfare  Volunteer  Developmental Disability | Mental Health  Senior Branches  Senior Facilities  Vocational Rehabilitation | | Provider Email Address: |
| **FOR ADMINISTRATION USE ONLY**  **Date Received:** |

**Criminal History  
Cover Sheet Form**

**Step 1.** Licensed provider or resident manager completes the cover sheet.

**Step 2.** Applicant completes Subject Individual portion of the DHS 301qed.

**Step 3.** The provider can mail or deliver the completed background request (DHS 301) with photo ID attached to 3876 Beverly AVE NE, Bldg G, Salem, Oregon 97305. **ATTN:** Tanya Shackelford

**Please note:** Incomplete cover sheets and/or applications will not be accepted and will be returned to the Licensed Provider for completion which will delay the application process.

My signature below signifies that I have viewed and verified this applicant’s photo ID and give authorization to the Marion County QED to complete the background check.

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| **Licensed Provider/Resident Manager signature** | **Date** |

QED Initials: Date: