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| **Submit To:**Marion County Health Department3876 Beverly AVE NE, Bldg GSalem, Oregon 97305FAX: 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: