



Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Criminal History Report Procurement Authorization

For company use only

Company: Tulalip Tribes Homeless Shelter Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Company Rep Contract Number: 360-716-4701

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Applicant Maiden Name/Alias (list all): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: _____ (MM) (DD) (YYYY)			Place of Birth: _____		
_____	_____	_____	_____	_____	_____
(Height)	(Weight)	(Hair Color)	(Eye Color)	(Race)	(Sex (M/F))

Have you been convicted of a felony?  Yes  No If yes, please note: admittance of felony convictions does not automatically disqualify employment.

\_\_\_\_\_  
(DATE) (COUNTY) (STATE) (CRIME)

Current Phone \_\_\_\_\_ Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_

List below addresses at which you have lived in the past seven years, with dates

<u>From</u>	<u>To</u>	<u>Previous Street Address</u>	<u>City</u>	<u>State</u>	<u>County</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigate report for both criminal and credit history. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to Background Checks, Inc. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The undersigned hereby acknowledges that they read or have read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

To the applicant: The Fair Credit Reporting Act and other applicable laws give you certain rights with regard to consumer reports obtained for employment purposes, including, upon request, disclosure of information on you in the reporting agency's file at the time of your request, including the identification of persons who have procured the consumer report concerning you, and reasonable opportunity to respond to any information in the report that is diputed by you. Request for disclosure should be made in writing by certified mail to Background Checks, Inc., PO Box 1466, Bothell, WA 98041. Fax 425-398-9937.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form last revised 3/06



## Consent for Release of Information (ROI)

I hereby authorize the exchange of confidential information specified below between:

Information To Be Released From:

- Tulalip Housing
- Tulalip Homeless Shelter
- Tulalip Family Services
- Tulalip Health Clinic
- Mental Health Services
- Alcohol Drug Treatment Agency
- Other

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**SPECIFIC INFORMATION TO BE DISCLOSED**

- Compliance with Treatment
- Intake Assessment/Evaluation Results
- Progress Reports
- Discharge Summary
- Compliance Reports
- Urinalysis Results/Drug Testing
- Treatment Recommendations
- Other \_\_\_\_\_

**FOR THE PURPOSE OF**

- Application Process
- Compliance with Tribal Court Orders
- Treatment Planning
- Family Case Planning
- Compliance with TANF
- Other \_\_\_\_\_

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I understand that my records are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for the regulations. I understand that information disclosed by this authorization may be subject to disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, part 164). I also understand that i may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

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PRINT NAME

SIGNATURE

DATE

This authorization will expire 1 year from the date entered here \_\_\_\_\_ If no date is entered, release will automatically expire in 6 months of the date signed.

**Notice of Disclosure of Confidential Information**

This notice accompanies a disclosure of information concerning a client in alcohol/ drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, part 2). The federal rules may prohibit you from making further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains to or as otherwise permitted by (42 CFR, part 2). A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**TULALIP TRIBES HOMLESS SHELTER A: 2817 Mission Hill Road**

**P: 360-716-4701**