



STUART T. WILSON CPA, PC

Fiscal Intermediary

Criminal Background Check Authorization Form

Do not provide any services prior to authorization.

You will not be paid for any time worked prior to a clear criminal background check and the completion of required trainings.

Employer (Participant): _____ Organization/Agency: _____

Employee Full Name: _____

Previous Names Used (Include maiden name): _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License #: _____

Social Security #: _____ Phone #: _____

You MUST include a copy of your Driver's License or State ID with this form.

I authorize the release of my criminal background information and driving record to my employer, to be run ongoing, and to the "Host Agency" which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Furthermore, I acknowledge that I am required to notify Stuart T. Wilson CPA, PC as soon as possible, but no later than the next business day, if I have been convicted of any crime.

Signature

Date

Results are released to the participant/guardian or case manager.

For results contact:

Participant/Guardian Name: _____

Phone #: _____ Email: _____

or

Case Manager: _____

Phone #: _____ Email: _____

**AUTHORIZATION TO DISCLOSE
EMPLOYEE INFORMATION
AND RELEASE OF LIABILITY**

I, _____, authorize Lapeer County Community Mental Health (LCCMH) and the
(print full name)
LCCMH Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, _____, release LCCMH and the LCCMH Office of Recipient Rights, its officers, its agents
(print full name)
and its employees for disclosing the information requested by me and I shall indemnify and hold harmless should any claims, suits, or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT:

- | | |
|----------|--------------------------------|
| 1. _____ | Dates employed: _____ to _____ |
| 2. _____ | Dates employed: _____ to _____ |
| 3. _____ | Dates employed: _____ to _____ |
| 4. _____ | Dates employed: _____ to _____ |
| 5. _____ | Dates employed: _____ to _____ |

Applicant's Signature

Date

Applicant's Maiden Name

INFORMATION TO BE SENT TO:

Stuart T. Wilson CPA, PC

Provider

Fax: 989-832-5404 brittany@stuartwilsonfi.com

Fax # AND E-Mail Address

RIGHTS OFFICE USE ONLY

The above applicant does does not have a substantiated recipient rights violation(s) according to LCCMH records.

LCCMH Office of Recipient Rights

Date

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 4-22)

COPY PHOTO ID HERE
OR
ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth
Address	City	State Zip Code
Phone Number	Email	
<input type="checkbox"/> I am completing this for myself.		
<input type="checkbox"/> I would like to pick up my results in _____ County (For Michigan Residents Only).		

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

Employer Volunteer Agency Adoption/Foster Care Home Screening

Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Other

Name of Agency or Organization	Name of Requester		
	Stuart T. Wilson CPA, PC		
Address	City	State	Zip Code
6300 Schade Dr	Midland	MI	48640
Email	Fax	Phone Number	
reception@stuartwilsonfi.com	989-832-5404	989-832-5400	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.