



# 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:**

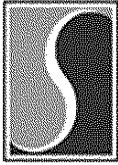
Participant/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

or

Case Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_



Office of Recipient Rights - Summit Pointe  
175 College Street  
Battle Creek MI 49037  
Phone: 269-441-5999  
Email: #recipientrights@summitpointe.org

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## **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 Supervisors Signature

\_\_\_\_\_  
Date

### **PLEASE PRINT LEGIBLY:**

Applicant's Name:	
Maiden Name or Other 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental information:	

\_\_\_\_\_  
Recipient Rights Staff Signature

\_\_\_\_\_  
Date