



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: _____

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 4-22)

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| <p>COPY PHOTO ID HERE</p> <p>OR</p> <p>ATTACH A SEPARATE PAGE</p> |
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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.