



## Additional Household Members Over the Age of 18

Name of Shared Living Provider:

Your Name:

Your Email Address:

Please complete all included documents to the best of your ability.:

1. Additional Household Members Over the Age of 18 Information
2. Background Check Forms

Please send your completed packet to Samantha Richard, Clinical Director via:

- Email: [srichard@saferesidential.care](mailto:srichard@saferesidential.care)
- Fax: 207-536-4005
- Mail: 161 John Roberts Road, South Portland, Maine, 04106.

*Incomplete documents will be returned to you and will delay processing.*

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"Safe Residential Care is committed to provide quality services in a supportive and caring manner"

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**ADDITIONAL HOUSEHOLD MEMBERS OVER THE AGE OF 18 INFORMATION**  
(NOT INCLUDING ANY INDIVIDUALS RECEIVING SERVICES OR SHARED LIVING APPLICANTS)

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT INVOLVES ABUSE, NEGLECT, OR EXPLOITATION? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
IF YES, PLEASE EXPLAIN:
2. HAVE YOU EVER BEEN CONVICTED OF A CRIME RESULTING FROM A SEXUAL ACT, CONTACT, TOUCHING, OR SOLICITATION IN CONNECTION TO ANY VICTIM? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
IF YES, PLEASE EXPLAIN:
3. HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING INTENTIONAL OR KNOWING CONDUCT THAT THREATENED, SOLICITED, OR CREATED RISK OF BODILY INJURY TO ANOTHER PERSON? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
IF YES, PLEASE EXPLAIN:
4. HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING INTENTIONAL OR KNOWING CONDUCT THAT THREATENED, SOLICITED, OR CREATED RISK OF BODILY INJURY TO ANOTHER PERSON IN THE LAST TWO YEARS? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
IF YES, PLEASE EXPLAIN:
5. DO YOU HAVE A HABITUAL OFFENDER STATUS UNDER 29-A, M.R.S. 2551-A? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
IF YES, PLEASE EXPLAIN:
6. HAVE YOU EVER HAD A LICENSE TO OPERATE A RESIDENTIAL CARE FACILITY DENIED OR PLACED ON CONDITIONAL STATUS? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>
IF YES, PLEASE EXPLAIN:

**BACKGROUND CHECK INFORMATION**

Safe Residential Care (SRC) receives background information on all additional household members over the age of 18 (not including individuals receiving services) of all contracted Shared Living Providers from the State Bureau of Investigation, State of Maine Department of Health & Human Services Child Protective Services, and the State of Maine Bureau of Motor Vehicles.

By signing below, I affirm that:

- 1. I understand that any information that may be listed on these checks that relate to incidents in my past, affecting my relationship with any individuals receiving services or any other SRC representative, may be considered a sufficient reason for rejection.
- 2. The information I have provided is true, correct, and complete. I understand my information will be rejected if false, incomplete, omitted, or misrepresented information is discovered.
- 3. I authorize SRC to contact and obtain information from the State Bureau of Investigation, State of Maine Department of Health & Human Services Child Protective Services, and the State of Maine Bureau of Motor Vehicles.
- 4. This is not a contract. I fully understand and accept all terms and conditions of the above statement.

NAME(PLEASE PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Maine Background Check Center**  
Notification and Authorization and Release

Driver's License # and State of Issue/Passport Number:

Date of Birth:

Applicant / Employee Full Legal Name: (First, Middle, Last)

List all Aliases/Maiden Names:

Address:

Phone number:

Position(s) Applied for:

Occupational or Professional Licensing Identification Numbers and Type (if applicable) and **State of Issue:**

**Notice to the Applicant / Employee**

This organization has offered you a position contingent upon a clear background check. The organization requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiation for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or child care services, and state-maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to validate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any organization subject to 22 M.R.S. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S. Ch. 1691, the Maine Background Check Center act.

**Authorization and Release by the Applicant / Employee**

**Please Initial Each Line**

	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.
	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.

**Acknowledgements of the Applicant / Employee**

**Please Initial Each Line**

	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that, prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S. Ch. 1691, as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

**\*\*Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record, is subject to civil and criminal penalties.**

\_\_\_\_\_  
**Signature of Applicant or Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Legal Guardian\***

\_\_\_\_\_  
**Date**

\*A legal guardian must sign this form if the applicant or employee is a minor.

**\*\*WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Maine Background Check Center**  
 Voluntary Consent for Disclosure of Personal Description

**Attention Applicants / Employees**

This organization is required to conduct a comprehensive background check, including a name-based criminal history records check, as a condition for engaging you in this position. Your organization must enter your name and date of birth to conduct a name-based criminal record check. It is common for more than one person to have the same or similar names and dates of birth or similar personal descriptions. Helping your organization enter accurate and detailed information about you and your physical description helps decrease the chance that a false criminal record match occurs. You may voluntarily allow this employer to enter other personal descriptors such as height, weight, eye color, hair color, gender, race, and place of birth. Your organization will enter this information into the Maine Background Check Center (MBCC) for comparison to State Bureau of Identification (SBI) criminal records.

If the SBI system does not find a matching record for the name and date of birth submitted a "NO OFFENSE FOUND" report will be sent to the MBCC. The MBCC will inform your organization that you do not have a criminal record.

If the SBI system finds a matching record for your name and date of birth, the MBCC will receive criminal history record information from SBI that includes personal descriptors to help make a positive identification. Without your personal descriptors, a name and date of birth check could result in a "false positive," meaning that your name matches one or more possible criminal records, but the record is not yours. Therefore, the MBCC cannot eliminate you as the person listed in the name-matched records. Your organization, the MBCC, and the SBI would require more time and further information in order to determine whether you have or do not have a criminal record that will disqualify you from working in this position.

Mandatory Information		
First Name:	Middle Name:	Last Name:
Address:		
City, State, Zip:		
Maiden or Previous Married Name(s):		
Previous Name(s) / Aliases / Other:		
Date of Birth:		
Other states of residence for past 10 years:		

Voluntary Information						
<b>Eye Color:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Gray	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Maroon	<input type="checkbox"/> Multi-colored	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown		
<b>Hair Color:</b>	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde or Strawberry	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green
	<input type="checkbox"/> Gray or Partially Gray	<input type="checkbox"/> Orange	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Red or Auburn	
	<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Unknown			
<b>Race:</b>	<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Black	<input type="checkbox"/> Unknown <input type="checkbox"/> White
<b>Gender:</b>	<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Other	
<b>Height:</b>	Feet	Inches	<b>Weight:</b>	Pounds		
<b>Place of Birth (Country):</b>						

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 3411

Karen Collins  
Safe Residential Care  
161 John Roberts Road  
South Portland, ME 04106

I, , authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine; a postage paid return envelope is enclosed.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH:  ALIASES (including maiden):

SIGNATURE:  DATE:

MAINE ADDRESS:

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Staff

**IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →**  
Updated 2020



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Maine Background Check Center**

Background Check Report  
Correcting Inaccurate Information  
Applicants or Employees

This page and the next page are for your reference only.

You have the right to challenge and correct inaccurate information found during a comprehensive background check. If you know that information presented on the Maine Background Check Center (MBCC) report is incorrect or incomplete you must seek a challenge and ask for a correction to the reporting entity as follows:

**State Criminal Records:** You must challenge incorrect or incomplete state criminal record information maintained by state criminal record repositories directly to the state where the record is maintained.

State of Maine criminal history records may be challenged by contacting the Maine State Bureau of Identification (SBI) directly by writing the State Bureau of Identification, State House Station #42, Augusta, ME 04333-0042, or online at <http://www.maine.gov/dps/Sbi/contact.html>. The SBI is responsible for correcting the record and notifying the MBCC. The MBCC will issue a final background check report to your employer upon completion of the error correction process based on the final record released by the SBI.

**Federal Criminal Records:** You must challenge incorrect or incomplete criminal record information maintained by the Federal Bureau of Investigation (FBI) by communicating directly with the Federal or State agency responsible for submitting the criminal record to the FBI. Alternatively, you may challenge the accuracy of the FBI record directly to the FBI by writing the Criminal Justice Information Services (CJIS) Division, ATTN: Summary Request, 1000 Custer Hollow Road, Clarksburg, WV 26306, or online at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. The FBI is responsible for correcting the record and notifying the Maine Background Check Center, and a revised Background Check Report can be issued. (See 28 CFR §§16.30 - 16.34)

**Public Registries:** If you believe that disqualifying offense information listed on a Federal or State registry is incorrect or incomplete, you must contact the agency responsible for maintaining the registry.

- Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)**  
**E-mail Address:** [sanction@oig.hhs.gov](mailto:sanction@oig.hhs.gov)  
**Telephone:** (202) 691-2311  
**Mailing Address:** HHS, OIG, OI, Attn: Exclusions, P.O. Box 23871, Washington, DC 20026  
**Website:** <https://exclusions.oig.hhs.gov/>

- The Dru Sjodin National Sex Offender Public Website (NSOPW)**  
To correct any errors in registration information, you must contact the state registration officials where the record is held.  
**Website:** <http://www.nsopw.gov/>



**State Registries:** To correct errors on registry information, you must contact the officials that maintain the registry in each state. The Background Check Center checks the following registries:

**Maine Sex Offender Registry**

Contact the Sex Offender Registry (State Bureau of Identification)

**E-mail Address:** [maine\\_SOR.help@maine.gov](mailto:maine_SOR.help@maine.gov)

**Telephone:** (207) 624-7270

**Maine Registry of Certified Nursing Assistants (CNA) and Direct Care Workers (DCW)**

Contact the CNA and DCW registry

**E-mail Address:** [dlrs.cnaregistry@maine.gov](mailto:dlrs.cnaregistry@maine.gov)

**Telephone:** (207) 624-7300

**Maine Program Integrity Excluded Providers: List of Excluded Individuals/Entities**

Contact Maine Department of Health and Human Services, Program Integrity Unit

**Website:** <https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>

**Telephone:** (207) 287-4660      **TTY:** Maine Relay 711

**Mailing Address:** 221 State Street, Augusta, ME 04330

**Maine Background Check Center: Request for correction of errors**

If an error appears on a Maine Background Check Center Report you must follow the procedures outlined in the Maine Background Check Program Rules by contacting MBCC

**E-mail:** [DHHS, MBCC-Admin <MBCC-Admin.DHHS@maine.gov>](mailto:DHHS_MBCC-Admin@maine.gov)

**Telephone:** 888-572-5839      **TTY:** Maine Relay 711

**Mailing Address:** 11 State House Station, Augusta, ME 04333

**Out of State Registries**

The employer has the option to search Out of State Registries based on information you provide in your application. If there is an error found in information listed on registries in other states, you must contact that particular registry for corrections.

**Professional Licensing**

If you believe that information provided about your professional license is incorrect or incomplete, you must contact the agency responsible for the licensing data.