

SOUTHEAST KANSAS RESPITE SERVICES, INC.

To work for Southeast Kansas Respite Services, Inc., we are required by Kansas to do the following searches: Health Occupation Credentials, KS Driver's License, Health & Home Services for Excluded Individual and Non-Licensed/Non-Certified.

Permission for release of this information:

(Please Print)

Name: _____

Current Address: _____

City _____ ST: _____ Zip: _____

Maiden Name, Nickname, and/or Other Names Known by: _____

Date of Birth: _____

Driver's License #: _____

Social Security# _____

I understand that all information released will be for the exclusive and confidential use of Southeast Kansas Respite Services, Inc.(SEKRS). Please return this filled out form to SEKRS.

Signature _____ Date: _____

(Send forms via U.S. Mail. Do not email.)

FOR OFFICE USE ONLY:

Record:

HOC Yes___ No___ Checked by_____ Attachment_____

DL Yes___ No___ Checked by_____ Attachment_____

H&H (OIG) Yes___ No___ Checked by_____ Attachment_____

Non Lic/Certified Yes___ No___ Checked By_____ Attachment_____