

## SOUTHEAST KANSAS RESPITE SERVICES, INC.

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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: \_\_\_\_\_ State: \_\_\_ 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 complete and return this form to SEKRS, Inc., P.O. Box 936, Parsons, KS 67357.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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### **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 \_\_\_\_\_