



**Authorization for Name Based Criminal Background Check**

A name based criminal background check is required for all adult residents of host home and respite care providers and some other individuals associated with Ariel Clinical Services.

To complete the background check please PRINT the information required below.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Race:  White  Black  American Indian  Asian or Pacific Islander  Other

Social Security Number \_\_\_\_\_

*Aliases- i.e. Robert is the legal name but the applicant goes by Bob or a woman married multiple times may have several different names used in addition to her current name.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing below, you authorize Ariel Clinical Services to perform a name based criminal background check at any time during your association with the agency. Should a record be returned with negative results, you may need to provide additional information about the charges, disposition of the case and details about the criminal act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date