



CMH Recipient Rights Search

Page 1 of 2

To: Community Mental Health Office of Recipient Rights in _____ County:

As part of my application for employment with Beacon Specialized Living, I hereby request that the _____ CMH Services Office of Recipient Rights provide information to Beacon Specialized Living including the outcome(s) of any investigation(s) of allegation(s) of abuse or neglect that the Recipient Rights Office has conducted regarding me.

In consideration for providing such information, I release, waive, and relinquish any and all claims against any Recipient Rights Office, its officers, employees, agents, or other representations, arising, directly or indirectly, or relation to the furnishing of such information by them. I also waive my legally required notice, oral or written, that such information is being provided to Beacon Specialized Living.

Name (please print): _____

Maiden Name or Any Previous Last Names: _____

Employee Applicant Signature

Date

Last 4 # of SSN

Adult Foster Care Agencies or Homes I Have Worked for in Your CMH Jurisdiction:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

To Be Completed by Recipient Rights Office:

A search of our records shows that the above person (check one) **has** **has NOT** had substantiated abuse or neglect charge(s) in this county. If there were substantiated charges, please list below:

Date:	Charge:	Date Substantiated:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recipient Rights Officer/Advisor Signature

Name of County

Date



verifies the Electronic Signature of this document

SIGNATURE

Signer Name:	Angel George
User ID:	AGeorge@nbtzz
Date Electronically Signed:	Dec 3, 2020 11:05 AM EST
File Name:	George RR.pdf
Display Name:	George RR.pdf