



## Changing the way we think about people with Developmental Disabilities

Thank you for considering becoming a Shared Living Provider or a Respite Provider for Health Care and Rehabilitation Services of Southeastern Vermont. So many Vermonters with developmental disabilities have benefited so much from this expanding program and it is people like you who make it possible.

For generations in this country and elsewhere, people with disabilities were set apart, hidden from the mainstream of society. They were often expected to live in large homes for the disabled, and many lived out their lives confined to a single institution. Some of these institutions grew to be very large, larger than some Vermont towns. Some institutions were more progressive than others, some were more negligent, and some were more abusive. In almost all institutions, personal rights were limited to “dependent patient’s rights” at best, “inmate’s rights” at worst – which is to say no rights at all. Individual choice, individual abilities and desires were often sacrificed to the needs of the institution, its staff and administration.

The most significant changes in how we as a society approached the issues of developmental disabilities are rooted in the civil rights movement of the 1960’s. We recognized rights that are inalienable, rights that belong to all of us, including those among us who are unable to defend their rights themselves because of a disability. This new recognition brought many improvements to life in the institutions and it brought increasing recognition that a fully realized life requires the liberty to choose one’s own community, to pursue one’s own best abilities, one’s own happiness, one’s own desires. Self-respect, personal dignity and a higher quality of life are more likely to be found in a town than in an institution.

In Vermont the only institution for people with developmental disabilities was the Brandon Training School. People began moving out of Brandon in the 1980’s and in 1993 the last resident moved out and the institution was closed. Vermont is one of only a few states throughout the country to have successfully accomplished this. Quality housing is a fundamental part of building a quality life. As Vermont has now also closed many of its “group homes” the Shared Living Provider model of care is the primary system of care with over 500 developmental homes throughout the state – and still growing.

As a Shared Living Provider you would add a new person to your family or household. You would be responsible for meeting his or her special individual needs while helping him or her grow more independent, more skillful, and better able to make important decisions for themselves and to enjoy a life of dignity and freedom. HCERS case managers coordinate services, oversee the individual needs of each person receiving services and support Shared Living Providers in providing this care. Many of the individuals that we place in homes are out of the home for parts of the day at work or participating in community, social or recreational activities. Being a Shared Living Provider is a job and as such providers are regularly paid a tax-free “difficulty of care” stipend for their services along with Room & Board payments.

It’s not an easy job and it’s a great deal of responsibility, but it can be extremely rewarding. Developmental Services of HCERS has the staff and resources needed to support you should you decide to become a Shared Living Provider.

Submit applications to:

Program Development Office, HCERS, 1 Hospital Ct, Suite 2, Bellows Falls, VT 05101



# HCRS

HEALTH CARE & REHABILITATION SERVICES  
OF SOUTHEASTERN VERMONT

## SHARED LIVING PROVIDER APPLICATION

Please note: This application must be completed jointly by both the primary applicant and their spouse / domestic partner.

Primary Applicant	Spouse / Domestic Partner
Name:	Name:
Mailing Address:	
Physical Address (if different):	
Home Phone:	Work/ Cell Phone:
E-mail Address:	

Have you ever been a home provider for an individual with a developmental disability? Yes / No  
If so, please explain:

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Have you ever applied (HCRS or elsewhere) to adopt, provide foster care or to be a home provider / shared living provider? Yes / No  
If so, please explain:

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### Your Home

Directions to your home:

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Brief description of your home:

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Is your home wheelchair accessible? Yes / No

Is your home a: \_\_\_ house \_\_\_ apartment \_\_\_ mobile home \_\_\_ other

Total number of rooms: \_\_\_ Total Number of bedrooms: \_\_\_

How long have you lived at this address? \_\_\_ Years \_\_\_ Months

How many times have you moved in the last 5 years? \_\_\_ Times

Are there any pets in your home? Yes / No If yes. Please explain: \_\_\_\_\_

### **Your Household**

Please list all individuals living in your home, including children.

Name	Gender	DOB	Relationship to you

Have you or any other adult living in your home ever been arrested, charged or convicted of any violation of the law?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any other adult living in your home ever been the subject of any investigation into allegations of child or elder abuse, neglect or exploitation?  Yes  No

If yes, please explain: \_\_\_\_\_

Are any guns kept in your house?  Yes  No

If yes, how are guns and ammunition stored? \_\_\_\_\_

Are alcoholic beverages kept in your house?  Yes  No

If yes, how are alcoholic beverages stored? \_\_\_\_\_

Are prescription or over-the-counter medications kept in your house?  Yes  No

If yes, how are prescription or over-the-counter medications stored? \_\_\_\_\_

Is there anything else that you would like us to know about you and your family that will help us to make the best possible placement in your home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hobbies and Interests**

What hobbies or interests do you or members of your family/household have that may be useful in caring for someone in your home?

You	Spouse/Domestic Partner	Others

**DRIVER RECORD INFORMATION**

As part of our standard recruitment process we ask that all applicants complete this section, the purpose of which is to assist HCRS in complying with various internal and external policies and regulations, and to protect the safety and well-being of our clients and contractors.

Primary Applicant	Spouse/Domestic Partner
Do you currently possess a valid driver's license? _____ Yes _____ No	Do you currently possess a valid driver's license? _____ Yes _____ No
Do you have the minimum vehicle insurance required by the State of Vermont? _____ Yes _____ No	Do you have the minimum vehicle insurance required by the State of Vermont? _____ Yes _____ No
Have you had any violations in the past 8 years (including DUI/DWI, Careless & Negligent, Accidents, Speeding, License Suspension)? _____ Yes _____ No	Have you had any violations in the past 8 years (including DUI/DWI, Careless & Negligent, Accidents, Speeding, License Suspension)? _____ Yes _____ No
If Yes, please explain:	If Yes, please explain:

I authorize HCRS to verify any information relating to my driving record as stated above.

I authorize HCRS to verify any information relating to my driving record as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## Personal References

We ask that both the primary applicant and the spouse/domestic partner list four personal references.  
Please do not list relatives or the same individuals.

<u>Name:</u>	<u>Name:</u>
Address:	Address:
Phone Number:	Phone Number:
<u>Name:</u>	<u>Name:</u>
Address:	Address:
Phone Number:	Phone Number:
<u>Name:</u>	<u>Name:</u>
Address:	Address:
Phone Number:	Phone Number:
<u>Name:</u>	<u>Name:</u>
Address:	Address:
Phone Number:	Phone Number:

### EMPLOYMENT HISTORY

Please indicate your current employment status, and list your three most recent employers, beginning with your current employer.

<b>Primary Applicant</b>	<b>Spouse / Domestic Partner</b>
I am currently: <input type="checkbox"/> employed <input type="checkbox"/> unemployed and looking for work <input type="checkbox"/> working at home	I am currently: <input type="checkbox"/> employed <input type="checkbox"/> unemployed and looking for work <input type="checkbox"/> working at home
I work _____ hours per week.	I work _____ hours per week.
My work hours are from _____ to _____	My work hours are from _____ to _____
<b><u>Current Employer:</u></b>	<b><u>Current Employer:</u></b>
Address:	Address:
Phone:	Phone:
Job Title:	Job Title:
Supervisor's Name:	Supervisor's Name:
Salary:	Salary:
Date Hired:	Date Hired:
<b><u>Previous Employer:</u></b>	<b><u>Previous Employer:</u></b>
Address:	Address:
Phone:	Phone:
Job Title:	Job Title:
Supervisor's Name:	Supervisor's Name:
Dates of Employment:	Dates of Employment:
<b><u>Previous Employer:</u></b>	<b><u>Previous Employer:</u></b>
Address:	Address:
Phone:	Phone:
Job Title:	Job Title:
Supervisor's Name:	Supervisor's Name:
Dates of Employment:	Dates of Employment:

## PRE-CONTRACT STATEMENT

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for contracting with HCRS and will be considered justification for termination of contract if discovered at a later date.

I understand that my contract can be terminated, with or without cause, at any time at the discretion of either the Agency or myself. I understand that no management official other than the Executive Director of the Agency has any authority to enter into any agreement contrary to the foregoing or make any aural assurance or promise of continuation of contract.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at a contract decision. I also authorize any investigation of criminal background deemed necessary by the Agency.

I AGREE THAT THIS INFORMATION IS PROVIDED AT MY REQUEST AND FOR MY BENEFIT. I HOLD ANY PERSONS OR ORGANIZATION HARMLESS, AND DO HEREBY RELEASE THEM FROM ANY AND ALL LIABILITY FOR DAMAGE OF ANY NATURE FOR FURNISHING ANY OF THE ABOVE MATERIAL.

I understand that, for certain situations, HCRS and affiliates must prohibit the contracting with individuals "with a conviction or employment history of child or client abuse, neglect or mistreatment," or "who have been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property." I therefor certify that I have no such history, past or pending convictions or findings against me as they relate to the situation(s) for which I am applying.

I understand that I will be required to provide documentation of current home or renter's liability insurance and automobile insurance as a condition of contracting for the situations for which I am applying.

I understand that I will be required to provide a release of information for each school my children, or children in my care, attend as a condition of contracting for situation(s) for which I am applying.

\_\_\_\_\_  
Signature, Primary Applicant

\_\_\_\_\_  
Signature, Spouse/Domestic Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### HCRS Shared Living Provider Preference Information

Primary Applicant	Spouse/Domestic Partner
<p>Thinking seriously about your own life experience and your current abilities, please read the following list of challenging behaviors which our clients may exhibit, and check those you would be willing and able to handle in a client:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> outward expression of frustration</li> <li><input type="checkbox"/> verbal aggression towards you or others (may include using profanity, vulgar or insulting language)</li> <li><input type="checkbox"/> physical aggression toward you or others (may include hitting, biting, kicking or destruction of property)</li> <li><input type="checkbox"/> running away</li> <li><input type="checkbox"/> stealing things from you or others</li> <li><input type="checkbox"/> sloppiness or poor personal hygiene</li> <li><input type="checkbox"/> extreme withdrawal and moodiness</li> <li><input type="checkbox"/> depression</li> <li><input type="checkbox"/> overeating or constant eating</li> <li><input type="checkbox"/> lack of attentiveness</li> <li><input type="checkbox"/> hyperactivity</li> <li><input type="checkbox"/> hurting self through pinching, biting, or head banging</li> <li><input type="checkbox"/> bedwetting</li> <li><input type="checkbox"/> difficulty trusting other people</li> <li><input type="checkbox"/> constantly in need of attention</li> <li><input type="checkbox"/> refusing to take medication</li> <li><input type="checkbox"/> sexual acting out behavior</li> </ul> <p>Similarly, please read the following list of physical or medical conditions which our clients may exhibit, and check those you would be willing and able to handle in a client:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> inability to communicate with words</li> <li><input type="checkbox"/> blindness</li> <li><input type="checkbox"/> needs help with toileting and general hygiene</li> <li><input type="checkbox"/> uses a wheelchair regularly</li> <li><input type="checkbox"/> seizures</li> <li><input type="checkbox"/> hepatitis</li> <li><input type="checkbox"/> requires periodic attention during sleeping hours</li> </ul> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Thinking seriously about your own life experience and your current abilities, please read the following list of challenging behaviors which our clients may exhibit, and check those you would be willing and able to handle in a client:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> outward expression of frustration</li> <li><input type="checkbox"/> verbal aggression towards you or others (may include using profanity, vulgar or insulting language)</li> <li><input type="checkbox"/> physical aggression toward you or others (may include hitting, biting, kicking or destruction of property)</li> <li><input type="checkbox"/> running away</li> <li><input type="checkbox"/> stealing things from you or others</li> <li><input type="checkbox"/> sloppiness or poor personal hygiene</li> <li><input type="checkbox"/> extreme withdrawal and moodiness</li> <li><input type="checkbox"/> depression</li> <li><input type="checkbox"/> overeating or constant eating</li> <li><input type="checkbox"/> lack of attentiveness</li> <li><input type="checkbox"/> hyperactivity</li> <li><input type="checkbox"/> hurting self through pinching, biting, or head banging</li> <li><input type="checkbox"/> bedwetting</li> <li><input type="checkbox"/> difficulty trusting other people</li> <li><input type="checkbox"/> constantly in need of attention</li> <li><input type="checkbox"/> refusing to take medication</li> <li><input type="checkbox"/> sexual acting out behavior</li> </ul> <p>Similarly, please read the following list of physical or medical conditions which our clients may exhibit, and check those you would be willing and able to handle in a client:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> inability to communicate with words</li> <li><input type="checkbox"/> blindness</li> <li><input type="checkbox"/> needs help with toileting and general hygiene</li> <li><input type="checkbox"/> uses a wheelchair regularly</li> <li><input type="checkbox"/> seizures</li> <li><input type="checkbox"/> hepatitis</li> <li><input type="checkbox"/> requires periodic attention during sleeping hours</li> </ul> <p>Comments: _____</p> <p>_____</p> <p>_____</p>



Primary Applicant	Spouse/Domestic Partner
<p>The following is a list of challenges our consumers may face, either currently or by history. Please check those you would be willing and able to handle:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> someone with medical problems</li> <li><input type="checkbox"/> someone with school problems</li> <li><input type="checkbox"/> someone who has been in trouble with the law</li> <li><input type="checkbox"/> someone who has abused alcohol</li> <li><input type="checkbox"/> someone who has used/abused drugs</li> <li><input type="checkbox"/> someone with a history of neglect by their parents</li> <li><input type="checkbox"/> someone with a history of physical abuse</li> <li><input type="checkbox"/> someone with a history of sexual abuse</li> <li><input type="checkbox"/> someone with a history of emotional abuse</li> <li><input type="checkbox"/> someone from a low-income family</li> <li><input type="checkbox"/> someone with low self esteem</li> <li><input type="checkbox"/> someone who has a handicap other than a developmental disability</li> <li><input type="checkbox"/> someone who smokes</li> </ul>	<p>The following is a list of challenges our consumers may face, either currently or by history. Please check those you would be willing and able to handle:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> someone with medical problems</li> <li><input type="checkbox"/> someone with school problems</li> <li><input type="checkbox"/> someone who has been in trouble with the law</li> <li><input type="checkbox"/> someone who has abused alcohol</li> <li><input type="checkbox"/> someone who has used/abused drugs</li> <li><input type="checkbox"/> someone with a history of neglect by their parents</li> <li><input type="checkbox"/> someone with a history of physical abuse</li> <li><input type="checkbox"/> someone with a history of sexual abuse</li> <li><input type="checkbox"/> someone with a history of emotional abuse</li> <li><input type="checkbox"/> someone from a low-income family</li> <li><input type="checkbox"/> someone with low self esteem</li> <li><input type="checkbox"/> someone who has a handicap other than a developmental disability</li> <li><input type="checkbox"/> someone who smokes</li> </ul>
<p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Comments: _____</p> <p>_____</p> <p>_____</p>
<p>Please check those ages you are willing and able to provide care for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> birth to 2 years</li> <li><input type="checkbox"/> 3 to 5 years</li> <li><input type="checkbox"/> 6 to 8 years</li> <li><input type="checkbox"/> 9 to 12 years</li> <li><input type="checkbox"/> 13 to 18 years</li> <li><input type="checkbox"/> 19 to 30 years</li> <li><input type="checkbox"/> 31 to 50 years</li> <li><input type="checkbox"/> over 50 years old</li> </ul>	<p>Please check those ages you are willing and able to provide care for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> birth to 2 years</li> <li><input type="checkbox"/> 3 to 5 years</li> <li><input type="checkbox"/> 6 to 8 years</li> <li><input type="checkbox"/> 9 to 12 years</li> <li><input type="checkbox"/> 13 to 18 years</li> <li><input type="checkbox"/> 19 to 30 years</li> <li><input type="checkbox"/> 31 to 50 years</li> <li><input type="checkbox"/> over 50 years old</li> </ul>
<p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Comments: _____</p> <p>_____</p> <p>_____</p>



Healthcare & Rehabilitation Services of Southeastern Vermont  
Confidentiality Agreement  
Updated 11-12-2015

I, the undersigned, recognize that my position as an employee, consultant, contractor or agent of Health Care & Rehabilitation Services of Southeastern Vermont, Inc. ("HCRS") requires considerable responsibility and trust. I understand that I may be entrusted with highly sensitive confidential, restricted and proprietary information ("Confidential Information") of HCRS and other third parties with whom HCRS has or had dealings. "Confidential Information" is any information in any media which is not generally known to the public and cannot be readily obtained by proper means by the general public and includes, but is not limited to:

Health related information regarding patients, the names and other identifying information regarding patients, information regarding physicians and services provided by physicians, information regarding healthcare facilities, research information, financial data, financial plans, computer programs, software and databases.

Confidential Information of third parties includes, by way of example and without limitation, computer software licensed to HCRS by LWSI, ADP, and Company Mileage, and other computer software licensed to HCRS, all of which HCRS is obligated to hold in strict confidence and trust pursuant to the provision of the agreement under which HCRS licenses such computer software.

I agree not to use or disclose any Confidential Information which is disclosed to me as a result of my serving as an employee, consultant, contractor, or agent of HCRS, regardless whether such Confidential Information is in written, tangible form, except as required to perform any duties for HCRS in which event I understand that no Confidential Information may be disclosed to anyone not authorized in writing by the Chief Executive Officer of HCRS to receive it or pursuant to a properly executed Release of Information Form. I understand violation of the Agreement will result in my immediate dismissal or, if a contractor, contract cancellation and possible legal action, and that by such a violation I may forfeit my rights to notice of termination of employment or contract.

I also agree that upon termination of my relationship with HCRS, or upon request of HCRS, I will return to HCRS all memoranda, notes, records, manuals, computer programs, documentation, hardware, and any other documents or media pertaining to the business operations of HCRS, my specific duties for HCRS, or any Confidential Information of HCRS or any third party with whom HCRS has or had dealings, including all copies of such materials.

The obligations contained in this Agreement are to be construed as separate and distinct from any other agreement I may have with HCRS and any claim I might have against HCRS shall not constitute a defense to enforcement by HCRS of this Agreement. The obligations contained in this Agreement shall survive termination of my relationship with HCRS, regardless of who causes termination and under what circumstances. I shall be liable for all costs and expenses, including attorney's fees incurred by HCRS, in enforcing this Agreement. This agreement shall inure to the benefit of, and the binding upon, me and my personal representative and heirs, and HCRS and its affiliates and their successors and assigns.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

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

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Signature \_\_\_\_\_ Date:   /  /   (Month/Day/Year)

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

~~Subscribed and sworn before me:~~

~~Notary Public Signature~~

~~Date~~

~~My Commission Expires~~

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

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

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

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

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_



Department of Public Safety  
 Vermont Criminal Information Center  
 103 South Main Street  
 Waterbury, VT 05671-2101

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5-7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS: \_\_\_\_\_

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH (REQUIRED)  
 Month / Day / Year

MALE  
 FEMALE

SOCIAL SECURITY NUMBER  
 (OPTIONAL)

ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST:  
 (CHECK ONE)

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> PERSONAL REVIEW  | <input type="checkbox"/> FOREIGN TRAVEL/IMMIGRATION | <input type="checkbox"/> MILITARY |
| <input type="checkbox"/> ADOPTION   | <input type="checkbox"/> CIVIL COURT PROCEEDING     | <input type="checkbox"/> PARDON   |
| <input type="checkbox"/> CHILD CUSTODY  | <input type="checkbox"/> LICENSING                  |                                   |
| <input checked="" type="checkbox"/> EMPLOYMENT  | <input type="checkbox"/> HOUSING                    |                                   |
| <input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE |   |                                   |

**ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS**

The following information is REQUIRED in order to successfully process your request. Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- LH   Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- LH   Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- LH   No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

Name Lesa Hinkley, Human Resources, HCRS		Street Address 390 River Street	
City Springfield	State VT	Zip 05156	Telephone Number 802-886-4567 x 2148
Signature of Requestor		Date (Mo/Day/Year)	

