

**Request for Oregon Criminal History Information
ORS 181.555 and ORS 181.560**

Instructions: Please complete and return this form, if you are a provider or you are 18 years of age and residing in the family day care home.

Subject Information: All information is REQUIRED. Failure to supply complete and true information may result in disqualification from the program.

Please check program you are applying for Childcare Caregiver Wood Cutter

Name: _____
 First Middle Last

Maiden/Alias: _____

Date of Birth ___/___/___ Social Security # _____ - _____ - _____

Address: _____
 Street/PO Box

City

State County Zip Code

Previous
Address _____
 Street/PO Box

City

State County Zip Code

Have you ever been convicted of a crime other than a traffic infraction?

Yes___ No___ List all states? _____

What state(s) have you lived in? _____

Explain any convictions _____

List all People _____

Failure to answer the above question accurately and to the best of your ability will result in disqualification

No one can be in the registered home, while children are in care, which have been convicted of a crime of immoral conduct, or convicted of violating a criminal statute that protects children or who may have detrimental effect of a child (OAR 412-10-420-1).

ORS 181.537 allows that Oregon State Police to furnish the Klamath Tribes with information contained in their records on the person applying to operate a registered day care home and all persons 18 years or older who are residents in the home or whose presence in the home may provide access to children when children are not in direct supervision of the registered provider.

I _____, hereby authorize the Klamath Tribes to request my complete criminal history information from Oregon State Police.

This information is intended only for the use of the person or office in which it is going to. Contents are privileged and confidential and are therefore protected by law. Unauthorized re-disclosure, distribution, or copying of this communication is prohibited to any other party, unless required by law.

Signature: _____

Date: _____ Telephone: _____

Office use only

Director

Date