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| þÿ | **CONTRACTED PROVIDERS**  **CONSENT FOR CRIMINAL RECORDS CHECK** | State of Oregon  OREGON YOUTH AUTHORITY |

The mission of the Oregon Youth Authority (OYA) is to protect the public and reduce crime by holding youth accountable and providing opportunities for reformation in safe environments. In keeping with these values, OYA will conduct a criminal record check per [OAR 416 Division 800](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1996). By your signature, you authorize OYA to obtain information about you from the Oregon State Police, the FBI and other law enforcement agencies, courts and record sources. Information obtained about an individual is confidential. An individual who refuses to consent to a criminal records check shall be disqualified from providing services.

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| **CONTRACTED PROVIDER INFORMATION** | | | | | | |
| Name (Last, First, Middle) | | Date of Birth | | Social Security Number\* | | |
| Other Name(s) Used (Maiden Name, Previous married Name(s), Aliases, Legal Name Change, Assumed Names) | | | | | Gender\*\*  M  F  Non-binary/Other | |
| Mailing Address: (including Office Number or Suite Number) | City | | State | | | Zip Code |

\*\*Although the OYA honors various identities, the OYA must align data collection with federal standards. These standards only allow the options available below and require answers that are consistent with what is listed with social security or on your passport.

| **CRIMINAL HISTORY** | | |
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| **WARNING: Falsely responding to or omitting information in answer to the questions listed below will**  **disqualify you from providing services.** | | |
| Have you ever held residence (lived) in any state other than Oregon or any other country?  Yes  No  If **Yes**, please list all other states and/or countries: | | |
| Have you ever been charged, arrested for, convicted of, or adjudicated on any crime(s)?  Yes  No  If you answered yes, please list all charges, arrests, and convictions and the outcome, regardless of how long ago. Attach additional pages as needed. | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Date:**  (mm/dd/yyyy) | **Charge, arrest or**  **conviction** | **Outcome:**  (e.g., conviction,  dismissal) | **City** | **County** | **State** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
| OYA considers several factors to determine the risk to the vulnerable individuals in our care and your fitness to provide service. Please provide any information about the details of your criminal history, yourself, your training, education, work history, treatment, and circumstances since your criminal history that you want OYA to consider or weigh. Please provide any information you have to help us understand why you believe your previous criminal activities will not adversely impact your ability to provide services for OYA. Add additional pages as needed. | | |
| Do you have charges pending against you for any crime?  YES  NO | | |
| **CONSENT FOR CRIMINAL RECORD CHECK** | | |
| **\* PROVIDER SIGNATURE REQUESTED:**  OYA requests that you voluntarily provide your Social Security Number to this agency for use as an identification number for criminal record checks. Failure to provide your Social Security Number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your Social Security Number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public.  By signing below I authorize OYA to disclose my Social Security Number to others if such disclosure is necessary for the purpose stated above and I swear or affirm that all the information provided on this form, and any attachments thereto, are true and accurate and that I have reviewed and completed this form as applicable to me. I give permission for OYA to verify any and all information I have provided.  **Provider’s Signature** confirming accuracy of information and authorizing OYA’s Use and Disclosure of Social Security Number | | |
| **X** | |  |
|  | | **(Provider Signature)** |

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| **FOR CONTRACT ADMINISTRATOR USE ONLY** | | | | | | |
| **Staff person who distributed this Consent Form/YA2010 (and YA2014 as applicable):** | | | | | | |
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| **Staff person who should receive the results of the CRC:** | | | | | | |
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| **FOR LEDS OR CJIS USE ONLY** | | | | | | |
| **OJCIN Case Review** Cleared; Not Cleared | |  | | |  | |
|  | **Date** | | **Initial** | **Reason for Denial:** | | |
| Criminal Records Reviewed: |  | |  |
| Approved |  | |  |
| Denied |  | |  |
| Prepared by: |  | | | | |  |
|  | Name and Signature | | | | | Date |