

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Countryside Health Care of Milford is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Countryside Health Care of Milford to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Countryside Health Care of Milford with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: Countryside Health Care of Milford may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Countryside Health Care of Milford must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Last Name, First Name, Maiden Name Father's Last Name, First Name

Your Current Address:

Street Number & Name City/Town State Zip

Your Former Address:

Street Number & Name City/Town State Zip

For CHC use only:

The above information was verified by reviewing the following form(s) of government issued identification (include expiration date(s) if applicable):

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee