



Lane County CDDP Supplemental Criminal History Check Request Form

Name

Last First Middle

Position Requiring Background Check

- | | |
|--|--|
| <input type="checkbox"/> Personal Support Worker | <input type="checkbox"/> Foster Home Provider |
| <input type="checkbox"/> Substitute Care Giver | <input type="checkbox"/> AFH Occupant (16 years of age or older) |
| <input type="checkbox"/> Resident Manager | <input type="checkbox"/> CFH Occupant (18 years of age or older) |

For Individuals Working in a Foster Home:

Foster Home Name

Residential Address

Address City Zip Code

Please include a legible copy of your current and valid government-issued photo identification

Examples of valid government-issued photo identification:

- | | | |
|-----------------------|---------------|------------------------|
| Driver's Licence | Passport | Military ID with Photo |
| State Issued Photo ID | Passport Card | |

RETURN COMPLETED DOCUMENT TO:

Lane County Developmental Disabilities Services
125 E 8th Eugene, OR 97401
Fax: (541) 682-3879
Email: LaneDDSCrims@lanecountyor.gov