



# FAMILY & CHILDREN SERVICES

A SOURCE OF HOPE

To: Recipient Rights Officer  
 Community Mental Health  
 3299 Gull Road, P.O. Box 63  
 Nazareth, Michigan 49074-0063

As part of my application for employment with Family & Children Services, Inc., I hereby request that Community Mental Health Recipient Rights Office provide information to Family & Children Services, Inc., including the outcome(s) of any investigation(s) of allegation(s) of abuse or neglect that the Recipient Rights Office has conducted regarding me.

In consideration for providing such information, I release, waive and relinquish any and all claims against any Recipient Rights Office, its officers, employees, agents or other representatives, arising, directly or indirectly, or relating to the furnishing of such information by them. I also waive my legally required notice, oral or written, that such information is being provided to Family & Children Services, Inc.

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Mental Health Agencies I have worked for:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment Dates:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please use the other side if needed.

**TO BE COMPLETED BY THE RECIPIENT RIGHTS OFFICE**

A search of our records shows that the above named person has / has not (circle one) had a substantiated abuse or neglect charge.

He/She has had the following substantiated charges:

DATE:	CHARGE:	CLASS:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

Human Resources / CONFIDENTIAL  
 Family & Children Services, Inc.  
 1608 Lake Street  
 Kalamazoo, Michigan 49001-3170