



**Seniors and People with Disabilities**

**Consent for Release of Information  
Children’s Intensive In-Home Services**

As part of the process of enrolling to be a provider with CIIS, our rules, OAR 411-350-0080(2) and OAR 411-300-0170(3) require SPD to conduct a records check through Children, Adults and Families (CAF) for any reports of convictions or allegations of child abuse or neglect. Your consent is required for this to occur so the provider enrollment process may proceed.

**STATEMENT:**

I authorize Seniors and People with Disabilities (SPD), to conduct a records check through Children, Adults and Families (CAF) for any child abuse or neglect records

I understand that the information received will remain confidential, and any identified concerns will be discussed with me in a confidential manner.

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_