



**Marion County**  
OREGON  
Health & Human Services

# Criminal History Check Cover Sheet

Please return completed forms to:  
3876 Beverly Ave NE Bldg G  
Salem, Oregon 97305  
**ATTN: Tanya Shackelford**

Preliminary Status Request

## Application Instructions

- 1) Licensed provider or resident manager completes the cover sheet
- 2) Applicant completes Section 2 of the 301QED form
- 3) Licensed provider submits the completed coversheet, 301QED form, and a copy of the applicant's photo ID.

## Application Type

- CII: MH AFH paid 443.004  
 CII: MH AFH non-paid

## SI Information

Name:	
E-mail address:	

## SI Position Information

SI original start date:	
SI job title:	<input checked="" type="checkbox"/> Provider <input type="checkbox"/> Caregiver <input type="checkbox"/> Resident Manager <input type="checkbox"/> Volunteer <input type="checkbox"/> Non-paid lives in AFH
Description of duties:	
Position requires direct contact with:	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Children
Do the duties include driving:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Licensed Provider Information

Name:	
E-mail address:	

## Agreement and Signature

My signature below signifies that I have viewed and verified this applicant's photo ID (attach copy of photo ID)

Signature:		Date:	
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