



# NATIONAL SCREENING BUREAU

200 W Douglas, Suite 600

Wichita, KS 67202

(316) 263-4400

(316) 223-1094 Fax

SEARCH REQUEST from CRAIG HOME CARE

To: Research Dept

From:

Company: National Screening Bureau

Fax #: 316 223 1094

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

Total number of pages including this cover sheet: 4

## Please Complete the following fields

Applicants Name: \_\_\_\_\_ AKA or Maiden Name \_\_\_\_\_

DOB (xx-xx-xxxx) \_\_\_\_\_ SSN(XXX-XX-XXXX) \_\_\_\_\_ Nationality/Race \_\_\_\_\_

Sex: Male  
Female Drivers License Number \_\_\_\_\_ DL State of Issuance \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Choose License Type:

Kansas Nurse Aide Registry (for CNA's):

---

**CONFIDENTIALITY NOTICE:** This facsimile transmission (and/or the documents accompanying it) contain confidential information belonging to the sender which is protected by the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681-1681t. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone at 316-263-4400 to arrange for the return of the documents, without retaining any of the copies.

---

Kansas Department of Social and Rehabilitation Services  
Child Abuse and Neglect Central Registry  
PO Box 2637  
Topeka, Kansas 66601

Child Abuse and Neglect Central Registry  
**Release of Information**

I, \_\_\_\_\_, give permission for the release of any information  
(please print complete first, middle and last names)  
concerning myself in the Child Abuse and Neglect Central Registry to:

Contact person: Todd Sutcliffe  
Agency Name: National Screening Bureau  
Mailing Address: 920 N Tyler, Ste. 302  
Wichita, KS 67212  
Phone Number: (316) 263-4400

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

★ ★ Please complete the information below by printing in ink. ★ ★  
Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only) \_\_\_\_\_

Married Names, Nicknames or other Names Used:  
(Use N/A if no other names used.) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender: Male Female

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

Current Address: \_\_\_\_\_  
\_\_\_\_\_

---

For Central Registry Use Only

\_\_\_ FEE ATTACHED

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
ADULT ABUSE, NEGLECT, EXPLOITATION, FIDUCIARY, ABUSE CENTRAL REGISTRY**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, give permission for the release of any information

**(PRINT ONLY)**

concerning myself in the Adult Abuse and Neglect Central Registry to:

Contact Person(s) Todd Sutcliffe

Your agency's name National Screening Bureau Phone 316-263-4400

Agency/Individual address 920 N Tyler, Suite 302, Wichita, KS 67212

**I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.**

Maiden Name and/or Other Names known by: \_\_\_\_\_

**(PRINT ONLY)**


Any Other Married Name(s): \_\_\_\_\_

**(PRINT ONLY)**

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

**(mm/dd/yyyy)**

Nationality: \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**FOR THE CENTRAL REGISTRY USE ONLY:**

Information contained in Central Registry:

No Record (  ) Yes (  ) Case Finding: \_\_\_\_\_

Perpetrator's Name: \_\_\_\_\_

County Reporting: \_\_\_\_\_ Date Report Received: \_\_\_\_\_

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

RETURN TO: Adult Abuse Registry  
915 SW Harrison  
DSOB – Room 551 South  
Topeka, Kansas 66612

## Background Screening Authorization and Disclosure


As part of the application process for employment at \_\_\_\_\_ ("company/customer name"), I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for National Screening Bureau and/or its agents contacted by National Screening Bureau to obtain information.

In addition, I release and discharge National Screening Bureau, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process.

I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the above stated company.

I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

Upon Request, National Screening Bureau will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: National Screening Bureau, 200 W Douglas, Suite 600, Wichita, KS 67202 or by contacting us at 1-877-263-4405.

**Signature:**  \_\_\_\_\_ **Date:** \_\_\_\_\_

I have received a copy of "A Summary of your Rights"

**The following must be filled out completely for your application to be considered.**

< Please Print >

Name		Middle Name		Other Names Used	
Home Address		City		State	Zip
Previous Address		City		State	Zip
Phone #	Sex M F	Date of Birth		Social Security #	Drivers License #
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval				Race	State Drivers License was issued in:

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051