

LONG TERM CARE/HOME HEALTH CARE WORKER  
BACKGROUND CHECK  
SENATE BILL 160  
CONSENT AND ATTESTATION FORM

By signing this form, I consent to the submission of a request for a criminal records check for long-term care worker/home health care worker as required by Senate Bill 160.

The request will be submitted by **Compass Home Health Care LTD - 1257 N. Fairfield Rd. Beavercreek, OH 45432**

I also attest to the following:

- 1) That I have not been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with older adults under S.B. 160.
- 2) That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work with older adults, or if I have already been hired, my employment will be terminated.
- 3) That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date