## **Authorization to Release Information to Hamilton County**

Please complete <u>all</u> of the information belo	ow. The individual completing this forr	n is the: (please che	ck <b>U</b> the one below	that applies)
☐ Provider; ☐ Adult Household M	lember;	Caregiver;	loyee; 🗌 Assistan	t
If you are not the home provider, what is the	he name of the provider with whom yo	ou are associated? _		
Your Name	Date of Birth	Street Address		
PRINT Your Name	Social Security # (Do <u>not</u> put your Tax ID#)	City	State	Zip Code
Notice to Type B Home Providers Con	cerning Hamilton County's Initiativ	re to Do Daily Cros	s Checks of Crimin	al Arrest Records
The Hamilton County Department of Job and F best protect children in Type B Child Care Hom security numbers and dates of birth for provide Clerk's Office. The Clerk's Office will cross-chemostrates and the country of	es and ensure compliance with state regulers, their adult household members, Emer	ations. Effective Septe gency/Substitute (E/S)	ember 2007, HCJFS will Caregivers, Assistants	I provide names, socia
Under Federal law, state and local government security number. The release of your social se security number provides the best means of ensa public record. Precautions will be taken to ma	ecurity number to HCJFS to run a continui suring the Clerk's cross-check is accurate.	ng cross check by the Your social security nu	Clerk's Office is volunt umber is confidential. It	ary. Using your socia will not be released a
Under Ohio Administrative Code (OAC) Section Providers, their adult household members, E/S "Child Care Convictions Statement" attesting the 5104.09 or 5104.013 of the Revised code.	caregivers, Assistants and Employees mus	t comply with 5101:2-1	14-07 of the OAC, which	requires they sign the
The sharing of information between HCJFS and relieve the provider of the responsibility to inform				
I have read the above notice, and CONSEN and social security number to the Hamilton Coun				
SIGNATURE:	DATE:			