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Background Screening Consent Form

To further ensure the safety of our clients, staff and volunteers, we require that all individuals requesting HMIS access obtain clearance to be able to view or enter information in Service Point.

To obtain clearance: HMIS user must submit all completed required information and documentation to the Big Bend Continuum of Care HMIS Lead Agency so they may conduct a National Criminal Background Check (\$20/person). This includes the DCF Affidavit of Good Moral Character, Background screening consent form, and a copy of the user's photo ID (state issued ID or driver's license, or passport is acceptable). The partnering agency is responsible for absorbing the cost of the background check if that agency changes users due to staff turnover or re-delegation of responsibilities.

I, _____ authorize the Big Bend Continuum of Care HMIS Lead Agency:
(HMIS User's Name)

To obtain a background and reference check. In consenting to this screening process, I attest that I have not accessed services from the provider submitting this request for screening within in the last year (one year from the date this form is signed). I understand that any screening **provided to** the CoC must meet the National Criminal Background Check guidelines and it must have been completed within the past (5) years. I understand that a new screening must be processed upon the expiration of any screenings on file after (5) years at the expense of the partnering agency. I understand that if unfavorable information is obtained from the screening, Continuum staff will work with me to determine whether I am still eligible to be a HMIS user and enter or view data.

**Please note: not all individuals with a criminal record are automatically disqualified.*

To complete this screening, we need some more information from you:

Full Legal Name (indicate on the state issued id or passport):

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____/____/____

Current Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Other Names Used/Maiden: _____

Contact Number: _____ **Contact Email:** _____

Print Name: _____ **Sign Name:** _____ **Date Signed:**

____/____/____

The cost for the background screening is \$20. Please make checks or money orders payable to the Big Bend Continuum of Care. Indicate HMIS on the memo line. Submit this completed form along with a completed and notarized HMIS User Agreement and Affidavit form and a copy of your photo ID to the BBCoC HMIS Helpdesk – <https://www.bigbendcoc.org/hmis/submit-ticket>.