

CHECKLIST FOR ADULT HOUSEHOLD MEMBERS

FULL NAME OF HOUSEHOLD MEMBER: _____

ORIGINAL BACKGROUND CHECKS (Renewed every three years) _____
Expiration Date

SWORN DISCLOSURE STATEMENT INDICATING NO BARRIER CRIME

CRIMINAL RECORD REPORT INDICATING NO BARRIER CRIME

CHILD PROTECTIVE SERVICES REGISTRY REPORT INDICATING NO FOUNDED COMPLAINT
(Also required for household members aged 14 and above)

REPORT OF TUBERCULOSIS SCREENING (Obtained every two years) _____
Expiration Date