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CORI REQUEST FORM

Hospice Services of Western Massachusetts, LLC has been certified by the Criminal History Systems Board for access to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 § 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreating or other services in a home or in a community based setting for any elderly person or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

I hereby certify that all information is true and complete and authorize Hospice Services of Western Massachusetts, LLC to conduct a CORI request.

APPLICANT/EMPLOYEE SIGNATURE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

ID THEFT INDEX PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____

HEIGHT: _____ ft. _____ in.

WEIGHT: _____

EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE