

Astral Home Care LLC

DHS Information Sheet for Background
Study 2.0 Consent to Release Information

First Name:
Middle Name: No Middle Name
Last Name

Suffix (please circle): N/A JR SR THIRD FOURTH

Any other prior names or aliases you have been known by:

First Name(s)
Middle Name(s):
Last Name(s):

Permanent/Physical Address: ***PO Boxes may not be submitted as Permanent Address*

Street: APT #:
City/State: Zip Code:
County in which you reside:

Mailing Address: Same as Permanent Address

Street: APT #:
City/State: Zip Code:

Drivers License Number/ State ID Number:

State of Issue:

Social Security Number

Date of Birth (mm/dd/yyyy):

RACE

<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Unknown/Other
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native American	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> White	

Gender: Male Female **Are you a US Citizen?** Yes No
Eye Color: **Hair Color:** **Height:** ft inches **Weight:** lbs

Place Of Birth: (city/state/country)

Phone Number: Mobile Home Work

2nd Phone Number: Mobile Home Work

Email:

Have you lived out-of-state within the last 5 years? Yes No

IF YES, List all prior out-of-state addresses within the last 5 years:

1. City: State:
Resided From (mo/yr) To (mo/yr)

2. City: State:
Resided From (mo/yr) To (mo/yr)

3. **City:** **State:**
Resided From (mo/yr) **To (mo/yr)**

I understand that my Background Study will be submitted with the information I provided. I also verify that all the information on this form is true and accurate.

Applicants Signature

Date

Agency Representative

Date

After your background check is submitted Astral Home Care will email you a fingerprint authorization form. You will then be required to go to a designated location to complete the background study process by submitting your fingerprints.

For Agency Use Only:

Copy of Privacy Notice Given to Applicant

4. Given to Applicant in Person

5. Emailed (Date Emailed:)

2 forms of ID received (Refer to *Acceptable Forms of Identification for DHS Background Studies*)
 Document)

PCA Certificate Received

RN Certificate Received

LPN Certificate Received

Others