

North Carolina Department of Health and Human Services

Applicant Request For Criminal History Record Information

Applicant Information

By my signature below, I am requesting that any results of a national criminal record check (NCRC) that are received by the North Carolina Department of Health and Human Services (DHHS) be forwarded to me. I understand that a NCRC will be performed if I have lived in North Carolina less than five consecutive years as of the date below.

Print Name

Signature

Home Mailing Address: _____

Date: _____

Social Security #: _____

Prospective Employer Information

Name of facility: _____

Mailing address of facility where you have applied: _____

This is an optional form intended for the use of prospective unlicensed direct access employees in nursing homes, family and adult care homes, home health, and mental health facilities in North Carolina. It should be completed by the applicant and be sent to DHHS **at the same time** the fingerprint card is submitted to the State Bureau of Investigation (SBI). DHHS cannot release the information on the criminal background check without this completed/signed form. Failure to do so will result in a delay in the notification process. **Please Note:** If no criminal history record is found, only the prospective employer will be notified and no information will be sent to the applicant.

DHHS Mailing Address:

DHHS Criminal Record Check Unit
2201 Mail Service Center
Raleigh, NC 27699-2201

ALL FORMS MUST BE RECEIVED BY USPS. DHHS WILL NOT ACCEPT FAXED OR E-MAILED FORMS.

THIS SECTION FOR DHHS USE ONLY

CHRI form received by DHHS: _____

_____ DHHS authorized personnel signature:

CHRI received back from SBI: _____

CHRI sent to applicant: _____