

Adult Foster Home Background Check Information Needed for Application



Subject Individual (SI): Complete this form to initiate your background check with ORCHARDS (Oregon Criminal History & Abuse Records Database System). Please make sure that all information is legible. All fields are required, including a clear, legible copy of a valid photo ID (Identification Document) Incomplete applications will not be processed. Email address is required.

Full Legal Name:

First	Middle	Last

Other names used: _____
 Such as Maiden Name/s or Other First or Last Name/Names Used

Your Address

Address: _____ Apt/Unit/Suite/Number: _____
 City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

Address: _____ Apt/Unit/Suite/Number: _____
 City: _____ State: _____ Zip Code: _____

Phone Number: Phone Number Type: Mobile Home Other

Email Address (Required to give Consent):

Date of Birth: _____ Gender: Female Male Not Specified
 Month Day Year

*SSN is optional; however, if provided a new background check may not be needed for 2 years for any position with similar qualifying factors (AFH, PSW, HCW) and allow for faster processing of background checks.

*Optional-Social Security Number (SSN): _____

During the last five (5) years, have you been outside of Oregon for 60 days in a row or more?

Yes No If yes, please complete the following for each residence in the past five (5) years:

Year From	Year To	City	State	County

AFH Position Title:

Position on License:	<input type="checkbox"/> Licensee	<input type="checkbox"/> Co-Licensee	<input type="checkbox"/> Administrator	<input type="checkbox"/> Resident Manager
	<input type="checkbox"/> Shift Caregiver (Caregiver listed on License/Approved by LLA)			
	<input type="checkbox"/> Floating Resident Manager RM for Multiple AFH's			
Position Not on License:	<input type="checkbox"/> Substitute Caregiver	<input type="checkbox"/> Room & Board Resident	<input type="checkbox"/> Occupant-Provides No Care	
	<input type="checkbox"/> Volunteer Provides Care	<input type="checkbox"/> Volunteer Provides No Care	<input type="checkbox"/> Employee of AFH Provides & No Care in AFH	
<input type="checkbox"/> Other: _____	Does Position Require Driving: <input type="checkbox"/> Yes or <input type="checkbox"/> No			

Address of AFH: _____

Address of AFH: _____

- All information will be kept confidential and used to initiate the background check process for the Background Check Unit.
- You will receive an automated email from ORCHARDS with a link and application number to complete the background check. The email may go to your JUNK or SPAM folder.
- You have 7 days after receiving the email to complete your portion of the background check. If not completed, the request will be canceled, and new application will be required.
- Fingerprints may be required after submission; an additional email with details and instructions will be provided if requested by ORCHARDS.

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Background Check Request with ORCHARDS



The Long Term Care Registry (LTCR) is now called Portability in ORCHARDS. A subject individual's (SI) social security number remains optional and is not required. Please note, in order to be registered in Portability, it is required for the subject individual (SI) to list their social security number. If a social security number is not listed, then the SI will need to complete a background check request every year. If the subject individual (SI) is already registered in Portability, then the request will need to be completed every 2 years.

An email address is required and must be provided in order to complete the ORCHARDS background check request. The subject individual (SI) will receive an email with a link to continue the process. The link must be followed to provide authorization for a criminal record and abuse check to be performed. The subject individual (SI) will also privately provide any disclosures if applicable. **The subject individual (SI) will have 21 days from the date the email was received to give authorization and list disclosures.** If not completed within that time frame, the background check request will be automatically voided, and a new request will need to be submitted.

A valid photo ID is required for ALL requests, regardless of whether it's a renewal or new request. A list of acceptable photo ID's are listed below. The ID must be current and not expired. When submitting your background check request, a photo ID can be brought into the office for a copy to be made. The ID can also be emailed with the form by the SI, taking a picture of the ID with their phone and attaching it to the email. Please note, the PHOTO ID MUST BE LEGIBLE, or the BC request cannot be completed.

List of acceptable Photo ID's for Background Check Request:

- Oregon State Issued Driver's License Card
- Oregon State Issued Identification Card
- Non-Oregon State Issued Driver's License Card
- Non-Oregon State Issued Identification Card
- Passport
- Visa
- Other Government Issued Photo ID, see IRS I9 for full list of acceptable documents.

For more information on to <https://www.oregon.gov/dhs/BUSINESS-SERVICES/CHC/Pages/index.aspx>.