

Request for Criminal Background Check

Please complete, sign, and submit an original copy of this form to the address below.

Request is being made of the Kentucky Administrative Office of the Courts and the Kentucky Board of Nursing Abuse Database for records of any unlawful activity, criminal complaint, or convictions by the person identified herein. This information will be released to the:

Bluegrass Area Agency on Aging and Independent Living
Bluegrass Help-At-Home Worker Registry Administrators
699 Perimeter Drive
Lexington, KY 40517
(859) 269-8021

Acknowledgement of Applicant

I have applied to be listed as an independent service worker through the Bluegrass Area Agency on Aging - Bluegrass Help-At-Home Worker Registry. I am requesting that the Kentucky Administrative Office of the Courts and the Kentucky Board of Nursing Abuse Database provide the above agency and program with information regarding any unlawful activity, criminal complaint, or convictions that appear in my records. I know I have the right to inspect my records, as presented, and to request corrections of any inaccuracies through the bodies providing this information. Further, I understand that if I do not exercise that right, I agree to hold harmless the Kentucky Administrative Office of the Courts, the Kentucky Board of Nursing Abuse Database, and the Bluegrass Area Agency on Aging and Independent Living, and any of their respective employees from any claim for damages arising from the dissemination of inaccurate information.

Applicant Information (Please Print)

Name _____
Last First Middle Alias/Maiden

Address _____
Number and Street

City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____ - _____ - _____
Month Date Year

Signature of Applicant Date

Signature of Witness Date