



ʔalʔaltəd ʔə ti sxăxtub

"Be the village!"

Visitor Background Check Application

PERSONAL INFORMATION

First name		Last name	
Address		City	State Zip
Home phone	Cell phone	Email	

BACKGROUND CHECK

Background check and urinalysis agreement: This is a drug and alcohol-free environment to ensure all of our resident's safety, all visitors must successfully pass a background check and complete a negative urinalysis assessment through Tulalip Tribes CDACD department.

Initial Here

Do you have a criminal history of violent offenses, including felonies, domestic and/or sexual abuse?	Yes	No
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Please list all charges/convictions below:

STATEMENT OF CONFIDENTIALITY

Any and all information pertinent to or about clients and staff with Village of Hope in general must be kept confidential. This will particularly include any groups, departments and community members must have complete anonymity and confidentiality.

In order to protect the privacy of staff and clients, the policy and rules on the next page will be strictly enforced. Failure to do so will result in immediate dismissal. There will be no warnings.

Date	Visitor Signature
Date	Staff Signature
Date	VOH Manager Signature

Name of tenant you are visiting _____

VISITOR POLICY AND HOUSE RULES

Please initial next to each line item below:

	All visitors must be signed in at the front desk by the resident.
	The resident is responsible for the visitor and must be with them during the entire visit and sign them out when they leave (caretakers are only exception to be alone on site).
	The resident is responsible for any violation of Village rules by their visitor.
	All children under the age of 18 must have an adult on site, 14 and under must be supervised at all times.
	Overnight visits are limited to six (6) nights per month: exceptions to this policy may be made for shared custodial parents or by the Program Supervisor (with approval from the Program Manager).
	NO visitor (except children under the age of 18 and elders) may stay overnight until they have passed a background check and passed a drug free urine analysis (UA).
	Visitors are expected to arrive between the hours of 8:00am and 7:00pm while staff is on site. A 48 hour notice of visitor request with specific dates of visits and duration will be required.
	Visitors cannot bring any drugs, non-prescribed substances, or alcohol to the Village. Bringing these substances on site will be grounds for termination of visitor’s future visits.
	Visitors may be banned from the Village premises for any violation of the Resident Manual.

VISITOR POLICY: Tenants will be notified by the front desk of their guests and are expected to meet their guests at the front desk. All guests must register at the front desk. No guest will be permitted to stay in the building, including within a tenant’s unit, unless accompanied by a tenant. Tenants are fully responsible for the actions and behavior of their guests while the guests are anywhere in the building or grounds. Tenant’s guests are required to observe the House Rules. Management reserves the right to ban non-compliant guests and visitors who present a risk to the safety and well-being of residents and staff from entering the building at any time.

OVERNIGHT GUESTS: A guest is considered an “overnight” guest if they remain in the building beyond 12:00am. Front desk logs and surveillance are reviewed by management regularly. Tenants may submit a written request of special consideration for extended overnight guests to management.

I have read the above annex to my lease and I am in agreement with the House Rules of the Tulalip Village of Hope building.

Date	Tenant Name	Tenant Signature
Effective Date	Management Signature	

CRIMINAL HISTORY REPORT PROCUREMENT AUTHORIZATION

For company use only

Company: Tulalip Tribes Village of Hope

Date:

Co. Representative:

Company Rep. Contact Number: 360-716-4701

APPLICANT INFORMATION

Last Name	First Name	Middle Name
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Maiden Name/Alias (list all):

Social Security Number	Driver's License Number	State
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Date of Birth	Place of Birth	Height	Weight	Hair	Eyes	Race	Sex
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Have you been convicted of a felony? No Yes

If yes, please list below: *(note: admittance of felony convictions does not automatically disqualify applicant)*

Date	County	State	Crime
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Current Phone	Current Street Address	City	State	County
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List below addresses at which you have lived in the past seven years, with dates

From	To	Previous Street Address	State	County

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigate report for both criminal and credit history. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to Background Checks, Inc. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The undersigned hereby acknowledges that they read or have read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

To the applicant: The Fair Credit Reporting Act and other applicable laws give you certain rights with regard to consumer reports obtained for employment purposes, including, upon request, disclosure of information on you in the reporting agency's file at the time of your request, including the identification of persons who have procured the consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you.

Request for disclosure should be made in writing by certified mail to Background Checks, Inc.
 PO Box 1466, Bothell, WA 98041 | Fax 425-398-9937

Date	Applicant Signature
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CONSENT FOR RELEASE OF INFORMATION (ROI)

I hereby authorize the exchange of confidential information specified below between:

Information To Be Released From:

- Tulalip Housing
- Tulalip Homeless Shelter
- Tulalip Family Services
- Tulalip Health Clinic
- Mental Health Services
- Alcohol Drug Treatment Agency
- Other

Information To Be Released To:

- Tulalip Housing
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- Other

Specific Information To Be Disclosed:

- | | |
|---|--|
| <input type="checkbox"/> Compliance with Treatment | <input type="checkbox"/> Compliance Reports |
| <input type="checkbox"/> Intake Assessment/Evaluation Results | <input type="checkbox"/> Urinalysis Results/Drug Testing |
| <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Treatment Recommendations |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Other |

For The Purpose Of:

- | | |
|--|---|
| <input type="checkbox"/> Application Process | <input type="checkbox"/> Family Case Planning |
| <input type="checkbox"/> Compliance with Tribal Court Orders | <input type="checkbox"/> Compliance with TANF |
| <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Other |

I understand that my records are protected under the federal and state confidentiality regulations (42 CFR, Part2) and cannot be disclosed without my written consent unless otherwise provided for the regulations. I understand that information disclosed by this authorization may be subject to disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, part 164). I also understand that I may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

Date	Name	Signature
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This authorization will expire 1 year from the date entered here _____.
If no date is entered, release will automatically expire in 6 months of the date signed.

Notice of Disclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/ drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, part 2). The federal rules may prohibit you from making further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains to or as otherwise permitted by (42 CFR, part 2). A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

TULALIP TRIBES Village of Hope, Building A: 2819 Mission Hill Road | Phone: 360-716-4701