

KEITHCARE INC.

Statement for Release of Information

Date:

Full Name of Employee:

Previously Used Names (nicknames, maiden name, etc.)

Date of Birth:

Social Security Number:

Drivers License Number:

State of DL:

Hire Date:

I, _____, and affirm that to the best of my knowledge and belief, I (have or have not as applicable) had or received a finding of a substantiated abuse case of abuse, neglect, mistreatment or exploitation against me. In order to verify this affirmation, I further release and authorize Keithcare Inc., the Tennessee Division of Intellectual Disabilities Services and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment or exploitation.

Signature of Employee

Date: _____

Witness: _____