



Subject individual (SI) Information Required Fields Marked with Asterisk (*)	
<input type="checkbox"/>	Social Security # <i>(Note This is voluntary. The SI must approve):</i>
<input type="checkbox"/>	*Complete Name:
<input type="checkbox"/>	*Date of birth (mm/dd/yyyy):
<input type="checkbox"/>	*Residential address:
<input type="checkbox"/>	Mailing address (if different):
<input type="checkbox"/>	*Prior names and aliases, maiden name. Please mark N/A if this doesn't apply;
<input type="checkbox"/>	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Not Specified <input type="checkbox"/> Other <input type="checkbox"/> Both
<input type="checkbox"/>	*Phone: *Type of Phone (home, mobile, etc.):
<input type="checkbox"/>	2nd Phone: Type Phone:
<input type="checkbox"/>	*Email:
<input type="checkbox"/>	*Residential History outside Oregon, past five years: Circle one: Y/N . If Y list: <u>Years (mm/yyyy- mm/yyyy) and locations, City and State</u>
<input type="checkbox"/>	*Background check type: <input type="checkbox"/> Renewal or <input type="checkbox"/> New
<input type="checkbox"/>	*Position I am apply for: <input type="checkbox"/> PSW - Name of individual I will be working with _____ OR <input type="checkbox"/> Foster Home: <input type="checkbox"/> Child <input type="checkbox"/> Adult Name of Foster Home _____ *Please check appropriate Foster Home position: <input type="checkbox"/> Paid Caregiver <input type="checkbox"/> Non-paid Volunteer <input type="checkbox"/> Licensee <input type="checkbox"/> Res. Manager <input type="checkbox"/> Occupant