



Oregon Department
of Human Services
Seniors and People With Disabilities

Criminal History for CEPs
Client's Acknowledgment of Risk
pending completion of national check

This form shall only be used for SDDS client who requests funds to pay a CEP and if:

- CEP has completed an Oregon Criminal Records Check, and
- CEP has no disqualifying Oregon history and is not listed as a multi-state offender, and
- CEP has completed fingerprint cards and is awaiting results of the national check.

This form may not be used if potentially disqualifying crimes are known or suspected

1 Name of Client	2 Name of Caregiver	
3 Caregiver's criminal history (completed by Caregiver)		
<input type="checkbox"/> See Form SDS 303 (if SDS 303 is attached, no other information required in this section)		
<input type="checkbox"/> No criminal history		
<input type="checkbox"/> See Attached Page(s).		
4 Description of other known caregiver history related to abuse, domestic violence and neglect.		
<input type="checkbox"/> See Attached Page(s).		
I have read and understand the above information. I understand the history listed above was provided by the caregiver. It has not been verified. I understand there is risk because there may be undisclosed criminal history. I choose to accept this risk and have the above named person as my caregiver. I understand the national criminal history check may later determine this caregiver is unfit.		
Case Manager signature indicates this form was reviewed with and explained to client, and witnesses client's decision.		
5 Signature of Client	6 Signature of Case Manager	7 Date of Signatures