



I, _____ (print), hereby authorize the Clark County Board of Developmental Disabilities Quality Support and Safety Unit to release to the DD provider listed below, the following information:

1. Whether or not the above named individual has ever had an MUI of abuse, neglect, inappropriate behavior supports, or misappropriation incident substantiated against them.
2. The category type of the incident.
3. The date the incident occurred.

The Clark County Board of Developmental Disabilities will not release any information or details of the incident that will directly identify the consumer(s) involved in the incident. This form is for Developmental Disability Provider use only.

This information being provided to this provider agency does not prohibit an individual from being hired whom has an incident substantiated against them.

This information is also limited to MUI investigations done by the Clark County Board of Developmental Disabilities Quality Support and Safety Unit in Clark County and does not include investigations done by other county boards of developmental disabilities or other entities.

Signature of individual being checked

Date

Developmental Disabilities of Clark County, 2527 Kenton Street, Springfield, Ohio 45505

Name & Address of Agency Requesting Check

TO BE COMPLETED BY REPRESENTATIVE OF CLARK COUNTY DD QSS UNIT

1	Has this person ever had an MUI of abuse, neglect, inappropriate behavior supports, or misappropriation incident substantiated against them Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Indicate the date(s) of each type of incident:
	ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/>
	MISAPPROPRIATION <input type="checkbox"/> UNAPPROVED BEHAVIOR SUPPORT <input type="checkbox"/>
	Signature/Date of QSS Employee Conducting Check