



Office of Recipient Rights - Summit Pointe
3630 Capital Avenue SW
Battle Creek, MI 49015
Phone: 269-441-5999
Email: #recipientrights@summitpointe.org

RECIPIENT RIGHTS REFERENCE CHECK

I authorize, on this date, the release of all information from any applicable Office of Recipient Rights regarding any Recipient Rights complaints of Abuse or Neglect substantiated to be used in determining my employment.

Applicant Signature

Date

Request for clearance of any known allegations/charges of consumer abuse and/or neglect for the below stated individual as part of the employment eligibility process with this company or Inc.

Requesting Supervisors Signature

Date

PLEASE PRINT LEGIBLY AND COMPLETE EACH LINE:

Applicant's Name:	
Maiden Name or Other Name:	
Applicant's Social Security /Driver's License Number:	
Previous Program Employed:	

DO NOT FILL OUT BELOW THIS LINE: RECIPIENT RIGHTS OFFICE ONLY

Please Indicate the Following:

Substantiated abuse or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental information:	

Recipient Rights Staff Signature

Date