

Area Office on Aging of Northwestern Ohio Veteran Directed Care Program

Employee Background Check Clearance Form

Date: _____

This notice is to inform you that AOoA has reviewed the results of the background check(s) for the employee listed below.

Veteran Name: _____

Employee Name: _____

Background Check Type: _____

Background Check Run Date: _____

Background Check Results: Cleared for Hired Not Approved for Hire

Background Check Type: _____

Background Check Run Date: _____

Background Check Results: Cleared for Hired Not Approved for Hire

I, _____, the care coordinator for the above veteran have read and reviewed the provided background check results and have made the below decision regarding this employee's employment.

Yes, I wish to approve this employee for hire within the Ohio Veteran Directed Care Program.

➤ By marking "Yes" and signing, you are stating that you have read the enclosed criminal background check report and are deciding to hire the employee anyway.

➤ The employee's **Start date** will be _____.

No, I do not approve this employee for hire within the Ohio Veteran Directed Care Program.

Care Coordinator's Signature

Date

