Current Date

In accordance within the terms and conditions of the Contributing HMIS Organization Participation Agreement (CHO) between Your Agency and Butte County, Department of Employment and Social Services (HMIS Lead Agency), the HMIS Policies & Procedures and the End User Agreement, I hereby certify and attest that a criminal background check for an HMIS End User for Your Agency, was completed on Insert Date and Name of User, has no criminal history that precludes them from accessing the Butte Countywide Continuum of Care’s HMIS. I additionally certify, Your Agency will retain the results of the background check in the employee’s personnel file.

Verified By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title Signature Date