

Background Authorization
Disclosure and Authorization of Applicant/Employee
For Release of Information

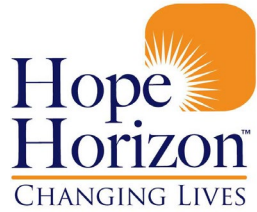
DISCLOSURE

This is to inform you that as a part of Hope Horizon procedure for processing your employment application, or for otherwise determining your eligibility for a position with our Company, a consumer report may be obtained for employment purposes. Further information may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry might include, but is not limited to, information as to your character, general reputation, personal characteristics, and mode of living, whichever maybe applicable. These investigations might include, but are not limited to, searches of educational institutions attended; financial records of credit agencies; records of previous employment, including work history, records from the U.S. Veterans Administration; criminal history information on file in local, state or federal agencies; workers compensation records and motor vehicle records.

AUTHORIZATION

Section I - Applicant Authorization/Acknowledgment (Applicant must complete this section.)

I _____, give my permission to Hope Horizon LLC to check for a criminal conviction history, to check the required registries annually, and to check the state and federal lists of individuals and entities excluded from participation in Medicaid (LEIE) monthly as part of my application as a service provider through the Consumer Directed Services (CDS) option. I also understand that a criminal conviction or a registry listing that prohibits a person from employment in a health care setting in the state of Texas may prohibit my employment. I understand that I must not provide services for payment until the required criminal history and registry checks are conducted, the employer and Financial Management Services Agency (FMSA) review the results and determine that I can be paid for services, and this form is signed by the FMSA.



Applicant Information

Last Name (print) First name Middle Name

Street Address City/State Zip Code

Social Security # Driver License # State

Date of Birth Prior Name (s)

I authorize and consent to the release and disclosure of all information (either orally or in writing), including but not limited to Hope Horizon LLC, and its subsidiaries.

Signature

Date