

Unique Caring Opportunities

Local Law Enforcement Check

Applicant: Please take this to your Local Law Enforcement Office (Sheriff or Police Department) to be completed. The Department cannot process this form for you.

The individual listed below has applied for a position, which is covered under Chapter 85-84, Laws of Florida, so is required to have a local law enforcement check. Please provide any information you have in your records on this individual.

Last Name	First Name	Middle name or Initial
Address		
Date of Birth	Sex	Race
Social Security Number		

Result Of Investigation: (Please stamp and attach any reports)

Your cooperation and assistance in this matter is greatly appreciated.

Adriane Filer
Unique Caring opportunities
Medicaid Waiver Provider
P.O Box 2225
Alachua, FL 32616

I hereby authorize this facility to check any and all records pertaining to criminal activity, and for any law enforcement agency to release information regarding criminal activity under Florida Statutes or statutes of other jurisdiction.

Date

Applicant Signature