

# Breakthrough

## ISIS Statement For Release Of Information

Name of Agency: Breakthrough

***(applicant must fill out all blanks and check one of the 2 options listed)***

Full Name of Applicant: \_\_\_\_\_

Previous used names (nicknames, maiden names, etc): \_\_\_\_\_

Social Security: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Hire Date: Pre-Hire Screen

I, \_\_\_\_\_, certify and affirm that to the best of my knowledge and belief, I \_\_\_\_\_ have or \_\_\_\_\_ have not had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize Breakthrough, East Tennessee and the Department of Intellectual Disabilities Services to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_