

# ASSESSMENT FOR PLACEMENT ON THE REFERRAL REGISTRY

Check if Yes

**1. HCRR Conducting Assessment:**

**Fingerprints Required**

**2. Applicant Name:**

**Current Age:**

**Exempt**

**3. Information to Consider & Documentation of Assessment:**

**Bi-annual Assessment**

Date of action, conviction.	Source of Information WSP Conviction record; DSHS; (CPS, APS, RPP) Dep. Of Health; Dep. Of Corrections, Background Authorization form	Conviction; Pending Charge; Department Action; <i>and</i> Seriousness of Crime, (Felony, Gross Misdemeanor) License revocation, suspension, contract termination.	Did Applicant Self-Disclose?	Age Convicted	# of Years Since action of	Sentencing/Incarceration Information: (Prison term; fines; jail; Offender references)	Is there evidence of reoccurring behavior related to record of convictions?

**4. After careful consideration of the above information, it has been recommended that this applicant:**

- a. Is suitable to be enrolled on the referral registry.  (check one)
- b. Is *NOT* suitable to be enrolled on the referral registry.

**5. Additional Comments or Rational:**

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6. 7. 8.

Signature & Title of Person Gathering Information Print Full Name Date

