

ORR Background Check Process

Applicability

All Newaygo County CMH contracted providers and recipients in self-determined arrangements (hereafter called “employers”)

Purpose

To provide a mechanism for employers to screen potential new employees for substantiated rights violations

Description

The Newaygo County CMH Office of Recipient Rights background check process was developed to assist employers with hiring the best quality staff they can. The process is completely voluntary and meant as a service provided to employers by the Newaygo County CMH Office of Recipient Rights (ORR). When an employer submits the Newaygo County CMH background check form to the ORR a search will be conducted to determine whether the applicant has had a past substantiated violation. The database is specific to Newaygo County CMH and will only report on violations found by the Newaygo County CMH ORR. The search is conducted only using an applicant’s name as stated on the form and no other identifying information is collected.

The decision to hire an applicant is the sole responsibility of the employer. The ORR does not require that an employer not hire an otherwise qualified applicant if a substantiated rights violation is found. When an applicant is found to have a substantiated violation the ORR strongly encourages the employer to seek additional information from the ORR. The form signed by the applicant grants the ORR permission to discuss the violation and action taken within the limits of confidentiality.

Process

1. The applicant will complete and sign the ORR Background Check form titled *Authorization to Disclose Employee Information and Release of Liability, Office of Recipient Rights Check* found on the Newaygo County CMH website.
2. The employer will email the completed and signed form to orr@newaygocmh.org. Forms may be faxed securely to 231-787-1305.
3. ORR staff will search the rights database for the name provided on the form. If a violation is found, the date and category of the violation will be noted.
4. Results will typically be sent within forty-eight hours after receipt of the signed form.
5. ORR staff will send results to the individual noted on the form **via email only**. ORR will not fax results.
6. An employer may seek additional information about a specific allegation via email or telephone if they desire.
7. ORR background check forms received will be retained for one year.



**Authorization to Disclose Employee Information and Release of Liability
Office of Recipient Rights Check**

Please type or clearly handwrite all information

Applicant Name: _____

Previous Name(s) Used (if any): _____

Previous Places of Employment:

1. _____ Dates employed _____ to _____

2. _____ Dates employed _____ to _____

3. _____ Dates employed _____ to _____

By signing/typing below, I authorize the Newaygo County CMH Office of Recipient Rights to ~~disclose~~ disclose individual or agency listed below all information regarding any violation of recipient rights committed by me. I recognize that any such disclosure will not include confidential information protected by Federal, State, or common law.

I release Newaygo County CMH and the Newaygo County CMH Office of Recipient Rights, its officers, its agents, and its employees from any and all liability claims, suits and actions of any nature brought against Newaygo County CMH and the Newaygo County CMH Office of Recipient Rights, its officers, its agents and its employees for disclosing information requested by me and I shall indemnify and hold harmless should any claim, suits or actions be filed against them.

Authorization: _____

Date: _____

Email completed forms to: orr@newaygocmh.org or secure fax to: 231-787-1305

Send Results to:

Name: _____

Email: _____

Agency (if applicable): _____

Phone Number: _____

FOR NCMH ORR OFFICE USE ONLY BELOW THIS LINE

The above applicant does ____ / does not ____ have a substantiated recipient rights violation(s) according to Newaygo County CMH Records.

By _____ Date _____ Newaygo County CMH Office of Recipient Rights

Date NCMH ORR Received _____

Date NCMH ORR Sent _____