



Akron Ronald McDonald House CRIMINAL HISTORY BACKGROUND REPORT AUTHORIZATION

Ronald McDonald House Charities® of Northeast Ohio (“RMHC NEO”) conducts a criminal history background check on all individuals (18 years old or older) who will be staying at or visiting the Akron Ronald McDonald House®. In selecting family members and visitors for entry, RMHC NEO screens individual’s suitability for community living among other families. A criminal conviction record which reveals behavior that may adversely affect another individual’s (e.g., other temporary residents, guests, staff, volunteers) health, safety, welfare and ability to peacefully enjoy the Ronald McDonald House facility shall result in your application being denied. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law-enforcement agency of this State or Federal government, to the extent permitted by State and Federal law. For example, and without limitation, convictions of violent crimes, domestic violence, child abuse, sex offenses, illegal drug activity, burglary, and/or weapons charges will result in rejection of your application.

This form includes a Criminal History Background Report Authorization form for you to review and sign. **Each** family member or visitor (18 years old or older) must **separately** fill out this form and the Criminal History Background Report Authorization form. Once we receive the completed form, RMHC NEO will have an independent third party conduct a criminal history background check.

RMHC NEO will attempt to obtain and use a criminal history background “consumer report” from a “consumer reporting agency” when considering your request for temporary residence while your child (or family relation) is receiving medical treatment at Akron Children’s Hospital and local medical facilities. These quoted terms are defined in the Fair Credit Reporting Act (“FCRA”), a law which RMHC NEO deems to apply to you.¹ As an applicant for temporary residence at our facility, RMHC NEO is considering you to be a “consumer” with rights under the FCRA.

Please understand that RMHC NEO solely will obtain a criminal history background report to assist it in determining whether to grant you entry approval. RMHC NEO is not obtaining a “consumer report” for any other information and will NOT be conducting a credit check. Information pertaining to allegations and convictions for crimes committed upon minors may, at the sole and absolute discretion of RMHC NEO, be shared with representatives from Akron Children’s Hospital and local medical facilities, and, by signing, you authorize such disclosure to Akron Children’s Hospital and local medical facilities.”

If RMHC NEO considers any information in the criminal history background report when making a decision that directly and adversely affects you, you will be provided with a copy of that report. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

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¹ A “consumer reporting agency” is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as RMHC NEO. A “consumer report” that will be used by RMHC NEO is any written, oral or other communication of any information by a “consumer reporting agency” bearing on character, general reputation, personal characteristics, motor vehicle record, or mode of living that is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility to stay at RMHC NEO facilities. A “consumer report” also may include, without limitation, information about your employment history, educational background, or your criminal history background.

To assist RMHC NEO in obtaining criminal history background check information, please truthfully and completely answer the following question:

Have you ever been convicted of ANY felony or misdemeanor (other than moving vehicle or parking violations)? For purposes of this inquiry, the word “convicted” includes, without limitation, pleading guilty, pleading no contest, or having a judicial finding of guilt.

Yes No

If Yes, please list the criminal offense, the date(s) of the conviction and where (city, state, country) the conviction took place. Please use additional paper if necessary.

To assist you in truthfully and completely answering this form, please be advised your application will be in jeopardy if you have been convicted of any of the following criminal offenses (whether or not the offense may have been labeled in another way in your state or country of residence). **This list is not all-inclusive.**

Murder or Aggravated Murder	Child Endangerment	Petty Theft, Theft or Aggravated Theft
Assault or Felonious or Aggravated Assault	Gross Sexual Imposition or Sexual Imposition	Unauthorized Use of Property; Unauthorized Access to Computer Systems
Aggravated Menacing	Voyeurism	Receiving Stolen Property
Voluntary Manslaughter	Felonious Sexual Penetration	Identity Theft
Domestic Violence	Prostitution/Solicitation	Carrying Concealed Weapons
Child Abuse and/or Neglect	Disseminating Matter Harmful to Juveniles	Having Weapons While Under Disability
Kidnapping; Abduction	Failing to Provide for a Functionally Impaired Person	Improperly Discharging Firearm at or into Habitation or School
Pandering Obscenity; Pandering Obscenity Involving a Minor	Pandering Sexually Oriented Matter Involving a Minor	Trafficking Charges
Extortion	Coercion	Corrupting Others with Drugs
Illegal Use of a Minor in Nudity-Oriented Material or Performance	Importuning/Soliciting a Minor for Sex	Drug Abuse; Permitting Drug Abuse
Rape	Robbery or Aggravated Robbery	Deception to Obtain a Dangerous Drug
Sexual Battery	Burglary or Aggravated Burglary	Breaking and Entering

RMHC NEO, in its sole discretion, will determine whether your criminal record may threaten an individual’s health, safety, welfare, and ability to peacefully enjoy the Ronald McDonald House facility and, therefore, result in your request for entry being denied. You are required to promptly notify RMHC NEO if your answer to the above-referenced question needs to be updated.

RMHC NEO will in addition make an overall decision whether the rest of your family will be eligible to stay based on their individual checks.

I certify that all of the above-provided information is accurate, complete and can be verified. I agree and understand that any falsification, misrepresentation, or omission may disqualify me from seeking entry at RMHC NEO facilities; or if entry already has been granted, then it will subject me to immediate removal from RMHC NEO facilities whenever the falsification, misrepresentation or omission is discovered. I also understand that while RMHC NEO will obtain criminal history background information on potential temporary residents, it cannot and does not guarantee the personal safety of any temporary resident, guest, visitor, or staff member.

AUTHORIZATION

By signing below, I knowingly and voluntarily authorize Ronald McDonald House Charities® of Northeast Ohio ("RMHC NEO") to obtain a criminal history background report from a "consumer reporting agency" and to consider that report when determining whether to grant me access at RMHC NEO facilities. I understand I have rights under the FCRA, including the rights discussed in the FCRA Summary of Rights, which has been provided to me along with this Authorization form. This Authorization shall remain on file and shall serve as ongoing authorization for RMHC NEO to obtain criminal history background reports on me when I apply for access at RMHC NEO facilities. I also acknowledge receiving a written Summary of Rights under the FCRA along with this Criminal History Background Report Authorization form.

Printed Name: _____
FIRST MIDDLE LAST

Previous Names or Maiden Name (if applicable): _____

Date of Birth: _____ Telephone Number: _____
(MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip: _____

List states and counties of residence, other than above, for the past seven (7) years:

Email address: _____ Please email my report results
(CA, MN, NY, OK residents only)

Name of patient you will accompany or visit: _____

Relationship to patient: _____

What date would you like to arrive at Ronald McDonald House? _____ (MM/DD/YYYY)

Signature: _____ Date: _____

Fax to RMHC NEO at 330-253-5477

Email to akronhouserequest@RMHCneo.org

OR

Mail/deliver to Ronald McDonald House – Attn: Family Services, 141 W State St., Akron, OH 44302