

Criminal Background Investigation Policy

Ronald McDonald House Charities of Central Illinois (RMHCCI) conducts a criminal history background check on all individuals (18 years of age or older) applying for temporary residence at RMHCCI. As a condition for acceptance as a temporary resident, each applicant shall authorize in writing a background investigation to determine if the applicant has been convicted of, pleaded guilty to, or otherwise acknowledged guilt of certain serious criminal or drug offenses. 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 RMHC facility shall result in a denied application for temporary residence. No person shall be accepted as a temporary resident of RMHCCI until a criminal background investigation has been completed.

RMHCCI will not knowingly accept as a temporary resident a person who has been convicted of, pled guilty to, or otherwise acknowledged guilt of any Class X felony, domestic battery, aggravated domestic battery, or any crime directed against a child, as such offenses are set forth in the Illinois Criminal Code and any future amendments of such Code, or any person who is a registered sex offender. Notwithstanding the foregoing, if a person is a registered sex offender based on conviction, guilty plea, or other acknowledged guilt of misdemeanor sexual assault as set forth in Section 11-1.50 of the Illinois Criminal Code, the Board of RMHCCI, in its sole discretion, may review the circumstances of such conviction, guilty plea, or acknowledgement of guilt and in its sole discretion may accept such person as a temporary resident.

Because it is our mission to create a home-like environment, in addition to the above, RMHCCI reserves the right to refuse admittance to individuals currently on parole, individuals with a recent criminal history of theft, robbery, burglary or the manufacture or sale of drugs, or any individual who provides false, incomplete, or misleading responses during the formal criminal history background check process. RMHCCI, in its sole discretion, will make that determination before granting an individual's application for temporary residence. RMHCCI also reserves the right to expel a guest for any other inappropriate, irresponsible, or criminal behavior that takes place while temporarily residing at the House.

CRIMINAL BACKGROUND CHECK AUTHORIZATION

In connection with your application for a stay as a temporary resident of Ronald McDonald House Charities of Central Illinois ("RMHCCI"), please be advised that you are required to authorize a criminal background check before you can be accepted as a temporary resident at RMHCCI. Your criminal background information will be considered in deciding whether you will be accepted as a temporary resident. See accompanying "**Criminal Background Investigation Policy**." Such criminal background investigation may be conducted by a consumer reporting agency.

By completing and signing this form, I hereby consent and authorize RMHCCI to obtain a criminal background check on me, and I hereby certify that all of the information I supplied on my application for a stay as a temporary resident is true and accurate.

I further acknowledge and agree that in the event I am cleared and accepted as a temporary resident, this signed authorization form will be kept on file and will serve as ongoing authorization for RMHCCI, at its sole discretion, to obtain a criminal background check on me at any time while I continue to be a temporary resident.

Name (please print full name): _____
(first, middle & last)

Date of birth: ____/____/____

List all other names, including
maiden names, you have been
known by: _____

Signature: _____

Date: ____/____/____

Current home address and
county of residence: _____

Previous home addresses
& counties of residence
(within the past 10 years): _____

Name of patient: _____

RMHCCI OFFICE USE ONLY: ___ Accepted ___ Not Accepted

Date: _____

Staff Member: _____

**Exchange of Protected Information
and Confidentiality**

The staff of Ronald McDonald House Charities of Central Illinois (RMHCCI) may find it necessary to obtain and exchange information with care providers at the patient's hospital. This information includes medical, social and demographic information that is classified as Protected Health Information (PHI) per the Health Insurance Portability Act of 1996 (HIPAA). These communications include but are not limited to telephone, fax and e-mail. These communications are limited to what is necessary to verify there is a clinical need for your family to stay at Ronald McDonald House and to help assure that RMHCCI is making good decisions regarding utilization of House space and resources. This information is also used for the purpose of maintaining a safe environment for guests staying at RMH and the patients served. Your privacy is important to us. Information obtained by RMHCCI will not be released to other families staying at RMHCCI, nor will it be sold or exchanged with other third parties.

By applying for a stay as a temporary resident of RMHCCI, you acknowledge and agree to this exchange of information.

Signature

Print Full Name

Date: _____