



CJPS
Home Care

Direct Care Worker Testing Records Search Authorization Form

Current/Prospective Employee

First Name: _____ Last Name: _____

Date of Birth (MM/DD): ____/____ SSN (Last Four Digits): _____ Sex (M/F): _____

I give permission to a representative of CJPS Home Care, LLC to access and retrieve my Direct Care Worker testing records from the AHCCCS online database. I understand that the organization's purpose in accessing the records is to ensure that employees meet the testing standards required by AHCCCS.

I understand that I am required to report immediately to CJPS Home Care, LLC if a law enforcement entity has charged me with any crime.

I understand that I am required to report to CJPS Home Care, LLC if Adult Protective Services has alleged that I abused, neglected or exploited a vulnerable adult.

Date: _____ Signature: _____

Organizational Representative

Organization Name: CJPS Home Care, LLC

Name of Organizational Representative: _____

Title: _____ Phone: 480-447-3262

Email: _____@CJPSHomecare.com

My sole purpose in accessing the record is to ensure that employees meet the testing standards required by AHCCCS. Failure to maintain the security of and/or access testing for any other purpose for which it is intended, will result in the termination of my access to the online testing records database. I also understand that I will have to agree to a similar attestation statement at the point in time I search, access and retrieve the testing records for the aforementioned current/prospective employee. A hard copy of this consent will be on record.

Date: _____ Signature: _____