



***Family First***  
HOME CARE

2203 East National Avenue  
Brazil, IN 47834  
812-448-1300  
www.ffhomecare.com

## AUTHORIZATION OF BACKGROUND CHECK

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
State License Issued: \_\_\_\_\_

I authorize *Family First* or any agency acting on its behalf to obtain a copy of my credit report as well as any information regarding criminal, motor vehicle or other history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_