

Town of Marshfield

Office of the Council on Aging Commonwealth of Massachusetts MFCOA CH444 G

CHAPTER 6, §172C CORI REQUEST FORM

Marshfield Council On Aging is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE INFORMATION (PLEASE TYPE)

LAST NAME PHONE NUMI		FIRST NA	ME	MIDDL	E NAME
MAIDEN NAM	E OR ALJAS	S (IF. APPLI	CABLE)	P	LACE OF BIRTH
DATE OF BIRTH	- I .		ECURITY NUIX DIGITS (*ID Theft Index PII (if applicable)
MOTHER'S MAI	DEN NAME	• • • • • • • • • • • • • • • • • • • •			
CURRENT AND	FORMER AD	DRESSES:			
CURRENT AND	FORMER AD	DRESSES:			
			in. WEIGH	Г:	EYE COLOR:
	HEIGHT:	ft		Γ:	EYE COLOR:
SEX:	HEIGHT: 'S LICENSE N IATION WAS	ft UMBER: VERIFIED V	(include sta	te of issue)	

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.