

# LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

## CHILD CARE ASSISTANCE

### AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION

NAME \_\_\_\_\_

MAIDEN NAME OR OTHER NAMES USED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ RACE \_\_\_\_\_

PHONE \_\_\_\_\_

PLEASE LIST ALL CRIMINAL HISTORY INFORMATION CHARGES/CONVICTIONS AND DATES \_\_\_\_\_

\_\_\_\_\_

I understand that my signature allows the LTBB Department of Human Services to run a criminal background investigation on myself. I agree that the information above is all accurate and true to the best of my knowledge.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

