Current Date

In accordance within the terms and conditions of the Contributing HMIS Organization Participation Agreement (CHO), between Your Agency and Butte County, Department of Employment and Social Services (HMIS Lead Agency), I hereby certify and attest that a criminal background check was completed on Insert Date for Name of User an HMIS End User for Your Agency.

Verified By:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title Signature Date