

**Background Check Variance Letter of Recommendation**

*\*This form is not required to be used but can be used as it identifies all information required from regulation for the individual providing the reference. This form may be used for the Department of Health Background Check Variance Application.*

Name of Individual Seeking a Background Check Variance:

(First, Middle, Last): \_\_\_\_\_

Your Name (First, Middle, Last): \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your relationship to \_\_\_\_\_ :

*\*If you are related to the individual requesting a background check variance or associated with the Employer/Facility for whom the individual desires to work your reference may not meet regulatory requirements.*

How long have you known \_\_\_\_\_ for? \_\_\_\_\_

I understand \_\_\_\_\_ is applying to work, volunteer, or otherwise be associated with an Employer/Facility that provides services to vulnerable children and/or adults.  Yes  No

I am aware of \_\_\_\_\_ history that is preventing the individual from associating with an Employer/Facility that provides services to vulnerable children and/or adults.  Yes  No

Please provide additional information regarding why you would recommend a background check variance be granted for this individual:

By my signature below, I certify that the information contained in this reference to be true, accurate, and complete.

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

Printed Name: \_\_\_\_\_