



## Cortland County Community Action Program, Inc. (CAPCO)

32 North Main Street ❖ Cortland, NY 13045

Phone: (607) 753-6781 ❖ Fax: (607) 758-3620 ❖ [www.capco.org](http://www.capco.org)

Head Start ❖ Early Head Start ❖ Energy Services ❖ WIC ❖ Consumer Directed Personal Assistance ❖ Family Development

### Consumer Waiver of Aide Background Check

I, \_\_\_\_\_, am a consumer of CAPCO's Consumer Directed Personal Assistance Program (CDPAP), and I attest that \_\_\_\_\_, who I am interested in hiring as my Aide/Personal Care Aide/Skilled Care Aide, is known to me as a family member, personal friend, family friend, and/or well-known associate.

**Please provide any other explanation of how the candidate is known to you:**

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I attest that I have knowledge of the candidate's past history, and I have reviewed the candidate's indications, if any, on the Criminal Background Check Consent Form. I am waiving my right to have a criminal background check conducted on the aforementioned candidate due to my knowledge of the candidate. I understand that CAPCO will not be liable for any criminal activities that may occur during the tenure of employment on the part of the employee. I also understand CAPCO reserves the right to require a background check if deemed necessary by management and make final employment determinations.

\_\_\_\_\_  
Consumer Name (Print)

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

