

## Residence & Treatment Verification

Please provide the requested information and fax it to the **Project Comeback** Intake/Case Management Coordinator at 212-274-0886.

(client's name): \_\_\_\_\_

has been residing at the following facility (name of facility): \_\_\_\_\_  
since (enrollment date): \_\_\_\_\_

(address): \_\_\_\_\_  
\_\_\_\_\_

(telephone): \_\_\_\_\_ (fax): \_\_\_\_\_

(counselor's name): \_\_\_\_\_

(signature): \_\_\_\_\_

(date): \_\_\_\_\_

## Project Comeback Treatment Program Verification

(client's name): \_\_\_\_\_ has been enrolled in

treatment with(program name): \_\_\_\_\_

since (enrollment date): \_\_\_\_\_(clean and sober since): \_\_\_\_

(address): \_\_\_\_\_  
\_\_\_\_\_

(telephone number): \_\_\_\_\_ (fax number): \_\_\_\_\_

(counselor's name): \_\_\_\_\_ (signature): \_\_\_\_\_

**\*\*Please attach client's schedule of treatment services\*\***

# Release of Information Form

I authorize (**NAME OF AGENCY to release information**) \_\_\_\_\_ to release my clinical information (psychiatric / medical / rehabilitation / social service / education / criminal history) to the program staff of **Project Comeback**. I understand that this information is used only to arrange services for me; is confidential; and is protected from disclosure. The extent or nature of information to be released is restricted to the following:

I also authorize staff at **Project Comeback** to share this information with the agency(s) listed below if / when I am referred to the agency(s) for service. These agencies may include; Project Renewal, E.P.R.A, N.A.D.A.P., C.E.C, M.W.S.N.Y., Gail Grant Associates, Dress for Success, Career Gear, Legal Action Center, Lifespire, and any other agencies listed below. I understand that the agency(s) will maintain the confidentiality of this information and will not release it to any other agency or individual without my signed consent:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand that I have the right to cancel my permission to release information any time before it is released. I also understand that this consent to release information will expire when acted upon or 180 days from this date. Whichever occurs first.

---

Signature of Client	Print name	Date signed
---------------------	------------	-------------

---

Person Completing Form / Agency Name	Print name	Title	Date signed
--------------------------------------	------------	-------	-------------

---

Substance abuse counselor / Agency Name	Print name	Title	Date signed
---	------------	-------	-------------

# Mandatory Substance Abuse Screen Agreement/Consent

I understand that **Project Comeback** has the right to conduct random drug screening on its workers/participants while enrolled in the program.

I also understand that this form permits the release of this information to my caseworker at the following agency:

Please print name / contact information of treatment agency:

---

---

Signature of Client

Print name

Date signed

---

Signature of Person Completing Form

Print name

Title

Date signed

# Work Clearance/TB (PPD) Clearance

Client's name: \_\_\_\_\_

We understand that the above-mentioned client has seen you in your capacity as a doctor. Before we can process his/her application, we need a doctor's clearance regarding his/her capacity to work as well as his/her Tuberculin Skin test or Chest X-ray. Should you have any questions regarding the above request, please feel free to call me 212-274-0550 x61. Thank you!  
Jim Martin, Executive Director

---

Please complete the necessary information and return with client.

## TB (PPD) Clearance

Mr./Ms. (client's name): \_\_\_\_\_ was seen by me on (date): \_\_\_\_\_

At (facility): \_\_\_\_\_

Client has received \_\_\_\_\_ PPD (strength): \_\_\_\_\_ on

Rt. forearm \_\_\_\_\_ Lt. forearm \_\_\_\_\_

Please return on (date): \_\_\_\_\_ so that test results can be read and recorded.

Given by \_\_\_\_\_ (CLR): \_\_\_\_\_ (date): \_\_\_\_\_

**\*\*Results** (positive): \_\_\_\_\_ (negative): \_\_\_\_\_

(treatment): \_\_\_\_\_

## Work Clearance

Mr./Ms. (client's name): \_\_\_\_\_ was seen by me on

(date): \_\_\_\_\_ at (facility): \_\_\_\_\_

**He/she is in good physical condition and is able to participate in work related duties without restrictions that include moderate to heavy lifting and walking/ standing on their feet over a 4-8 hour time span.**

(Doctor's signature): \_\_\_\_\_ (NYC LIC#): \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Mandatory Criminal Background Check

## Consumer Report/Investigative Consumer Credit Report Authorization Form:

*To ensure strict adherence to criminal history criteria Project Comeback will conduct a criminal background check on all applicants. This information is gathered only for the purpose of ensuring compliance with Project Comeback referral criteria and will not be shared with any third party. Please go over the following with applicant and sign.*

### NOTIFICATION STATEMENT

This is to inform you that a consumer report or an investigative consumer credit report will be obtained from a consumer-reporting agency, for the purpose of evaluating you for enrollment in the ACE employment training and placement program.

This report may contain information bearing on your prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, criminal background, personal characteristics or mode of living from public record sources. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

A summary of your rights under the Federal Fair Credit Reporting Act, prepared by the Federal Trade Commission accompanies this Notification Statement.

### AUTHORIZATION

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish ACE with any and all information in their possession regarding me in connection with my application for enrollment in their employment training/placement program. I agree that a photocopy or facsimile transmission of this Authorization can be accepted with the same authority as the original. Also, I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

Additionally, I have read the paragraph above notifying me that a Consumer Report/Investigative Consumer Credit Report will be requested and used for the purpose of evaluating me for enrollment in their employment training/placement program.

Staff person completing form: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

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

Social Security Number (for identification purposes only): \_\_\_\_\_

Tax ID Number (If applicant is an entity) \_\_\_\_\_

Other name(s) under which you have been known: \_\_\_\_\_

# Mandatory Criminal Background Check

## A Summary of Your Rights

### *UNDER THE FAIR CREDIT REPORTING ACT*

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as where you work and live, if you pay your bills on time, and whether you’ve been sued, arrested or filed bankruptcy—to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681 et seq., at the Federal Trade Commission’s Web site (<http://www.ftc.gov>).

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment— must give you the name, address, and phone number of the CRA which provided the report.
- You can find out what is in your file. A CRA must give you the information in your file and a list of everyone who has requested it recently. However, you are not entitled to a “risk score” or a “credit score” that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA and if you request the report within 60 days of receiving the denial notice. You also are entitled to one free report every twelve months upon request if you certify that: (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare; or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness and the CRA provides you a written notice that includes the name, address and phone number of the source.
- Inaccurate information must be deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- You can dispute inaccurate items with the source of the information. If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, they may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven-years-old, ten years for bankruptcies. Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the FCRA—usually to consider an application you have submitted to a creditor, insurer, and employer, landlord, or other business.
- Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you to creditors, insurers or employers without your permission.

# Mandatory Criminal Background Check

- You can stop a CRA from including you on lists for unsolicited credit and insurance offers. Lenders and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

- You may seek damages from violators. You may use a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state laws. You may wish to contact a State or local consumer protection agency or a state Attorney General to learn those rights.

If you have questions or believe your file contains errors, call our toll-free number, 866-326-3757.

The FCRA gives several different Federal agencies authority to enforce the FCRA:

**For Questions or Concerns Regarding:**

CRA's, credit and others not listed below

**Please Contact:**

Federal Trade Commission  
Consumer Response Center-FCRA  
Washington, DC 20580  
877/FTC-HELP

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6  
Washington, DC 20219  
800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies foreign banks)

Federal Reserve Board  
Division of Consumer & Community of Affairs  
Washington, DC 20551  
202/452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314  
703-518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
1-800-934-FDIC