



Abuse Registry Check Clearance Form

This form documents the results of a mandatory Abuse Registry Check for all individuals seeking placement through Absolute Senior and Home Care Services – Healthcare Staffing Division. The check ensures that the individual is not listed on any state abuse, neglect, or exploitation registry. Clearance is required before assignments can be offered.

1. Staff Information

Full Name: _____

Position (RN / LVN / CNA / Other): _____

Last 4 of SSN: _____ Date of Birth (MM/DD/YYYY): _____

2. Abuse Registry Search Details

Registry Checked (State): _____

Search Completed On: _____

Search Conducted By: _____

Search URL (if applicable): _____

3. Search Results

No Record Found – Individual is NOT listed on the abuse registry.

Possible Match – Additional review required before clearance.

Confirmed Record – Individual is NOT eligible for assignment.

4. Notes & Documentation

5. Clearance Decision

CLEARED – No record found on the state abuse registry.

NOT CLEARED – Individual cannot be assigned to any facility or private duty case.

6. Verification & Authorization

Agency Representative Name: _____

Signature: _____ Date: _____