

Health Information Report

A Health Information Report (HIR) is required to be submitted with initial applications. Staff responsible for the care and supervision of children must complete the HIR within 30 days of hiring. The HIR must be completed annually. All blanks must be completed. If needed, attach a separate page and clearly identify the question being answered. A positive response to a question will not necessarily prohibit the issuance of a license or a noncompliance with licensing standards. Failure to provide accurate information may result in a violation of regulations.

Name:				Birth Date:
Street Address:	City:	State:	Zip Code:	Telephone No.:

If applicable, indicate name and address of facility for whom you work:

Name of Facility:				
Street Address:	City:	State:	Zip Code:	

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to provide care/services in a competent, ethical, and professional manner? YES NO

If you answered YES to item #1 above, provide an explanation:	Date(s) of conduct or behavior:
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2. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, physical, emotional, or nervous disorder or condition) that in any way affects your ability to provide care/services safely and in a competent, ethical, and professional manner? YES NO
3. If your answer to Question 2 is yes, are the limitations caused by your condition or impairment reduced or lessened because you receive ongoing treatment or because you participate in a monitoring or support program? YES NO

"Currently" means that the condition or impairment could reasonably affect your ability to function as a care/service provider. If your answer to Item 2 or Item 3 above is YES, complete a separate **FORM A (Authorization for Release of Medical Information)**.

4. Within the past five years, have you given a condition or impairment as a defense, in mitigation, or as an explanation for your conduct or behavior as a response to any inquiry, investigation or any administrative or judicial proceeding by a school, government agency, professional organization, or licensing authority or in connection with an employment disciplinary or termination procedure? YES NO

If you answered YES to Item 4 above, provide the following:

Name of entity before which the issue was raised (i.e., court, agency, etc):			
Street Address:	City:	State:	Zip Code:
Nature of the proceeding:			
Date(s):	Conclusion, if any:		
Explanation:			

I HAVE READ THE FOREGOING DOCUMENT AND HAVE ANSWERED ALL QUESTIONS FULLY. THE ANSWERS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE NOT CHANGED THE QUESTIONS IN ANY MANNER.

Signature of Applicant or Provider

Date