



DHS 12.115 - Acknowledgement Form

MCFI Home Care is required by the Wisconsin Department of Health Services 2007 DHS 12.115 which amended s. 50.065 of the Statutes, to disclose certain information from caregiver background checks to consumers.

By my signature, I understand that by law, *MCFI Home Care* can release certain conviction information to consumers as required by DHS 12.115. I authorize release of the information to any and all consumers for whom I may potentially provide personal cares services.

Signature

Date

Please print name

Date