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**SOUTH SHORE
REHABILITATION AND SKILLED CARE CENTER
115 NORTH AVENUE
P.O. BOX 381
ROCKLAND, MASSACHUSETTS 02370**

781-878-3308
Phone

781-878-3321
Fax

M.G.L. c 6 §172E CORI REQUEST FORM

South Shore Rehabilitation and Skilled Care Center is requesting all the available criminal offender record information on the below named individual from the Criminal History Systems Board pursuant to M.G.L. c 6 §172E, which mandates that long term care facilities complete background checks on current or prospective employees who will provide direct personal care and treatment to residents of said facility.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: ____-____-____

ADDRESS: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE