



## Criminal Offender Record Information (CORI) Request Form

The MassHealth Money Follows the Person (MFP) waiver program’s fiscal intermediaries have been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a prospective employee of an MFP waiver participant to provide MFP self-directed waiver services, I understand that a criminal record check will be conducted of me by a MassHealth MFP waiver fiscal intermediary for conviction and pending criminal case information only. A criminal conviction or a pending criminal case will not necessarily disqualify me from working for the MFP waiver participant.

**I hereby certify under the pains and penalties of perjury that the information on this form and any attachments that I have provided, has been reviewed and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein. (Signature stamps and date stamps, or the signature of anyone other than the provider or applicant, are not acceptable.)**

\_\_\_\_\_  
 Signature of provider or applicant

\_\_\_\_\_  
 Last name, first name, middle name

(Please print.)

\_\_\_\_\_  
 Maiden name or alias  
 (if applicable)

\_\_\_\_\_  
 Place of birth

\_\_\_\_\_  
 Date of birth

\_\_\_\_\_  
 Social security number

(Required)

\_\_\_\_\_  
 Mother’s maiden name

\_\_\_\_\_  
 Current address

\_\_\_\_\_  
 Former address

Gender:

M  F

\_\_\_\_\_  
 Height

\_\_\_\_\_  
 Weight

\_\_\_\_\_  
 Eye color

\_\_\_\_\_  
 State driver’s license number

**Note:** Please attach a copy of your driver's licence so that MassHealth can validate the information you provided above.