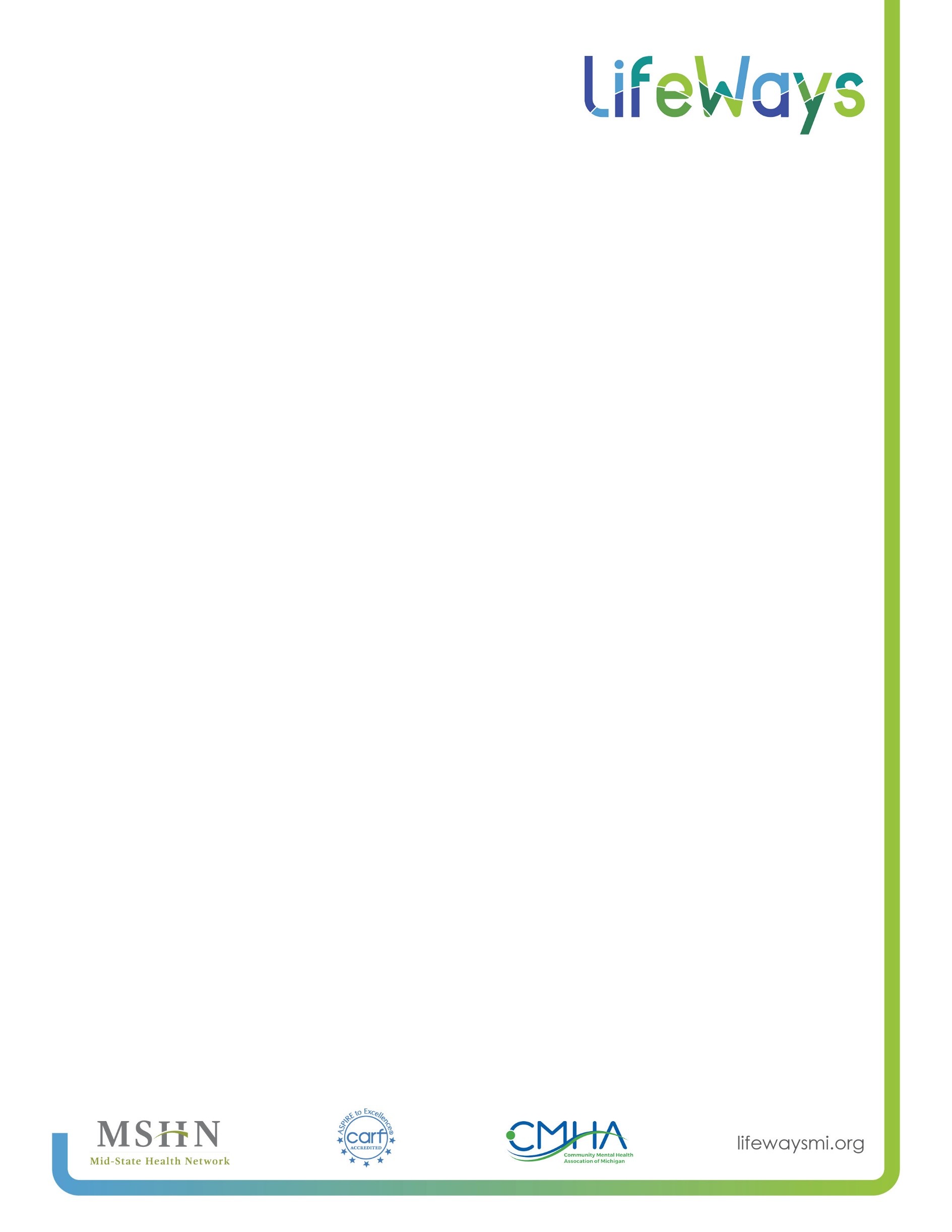
****

**Recipient Rights Check Request**

**INSTRUCTIONS: Please submit requests to the Office of Recipient Rights via fax to (517) 789-7564 or via email to recipient@lifewaysmi.org. Completed forms will be returned to you within two business days. If you have any questions, please call (517) 789-1237.**

|  |
| --- |
| **Requesting Agency Info** |

|  |  |  |
| --- | --- | --- |
| Agency: | | Phone: |
| Staff Name: | | Title: |
| Return Results to: | Fax: | Email: |
| Signature: | | Date: |

|  |
| --- |
| **Employee/Candidate Info** |

|  |  |
| --- | --- |
| Name: | |
| Maiden Name or Aliases: | |
| Signature: | Date: |

|  |
| --- |
| **Findings (To be completed by the Office of Recipient Rights)** |

Upon review of our records, we found the above-named individual:

\_\_\_\_\_ does not have a substantiated Recipient Rights violation.

\_\_\_\_\_ does have a substantiated Recipient Rights violation. See below for information.

**Date of Report Violation**

Signature of RR Officer/Designee Date

*LW# 02-001 01/2024*