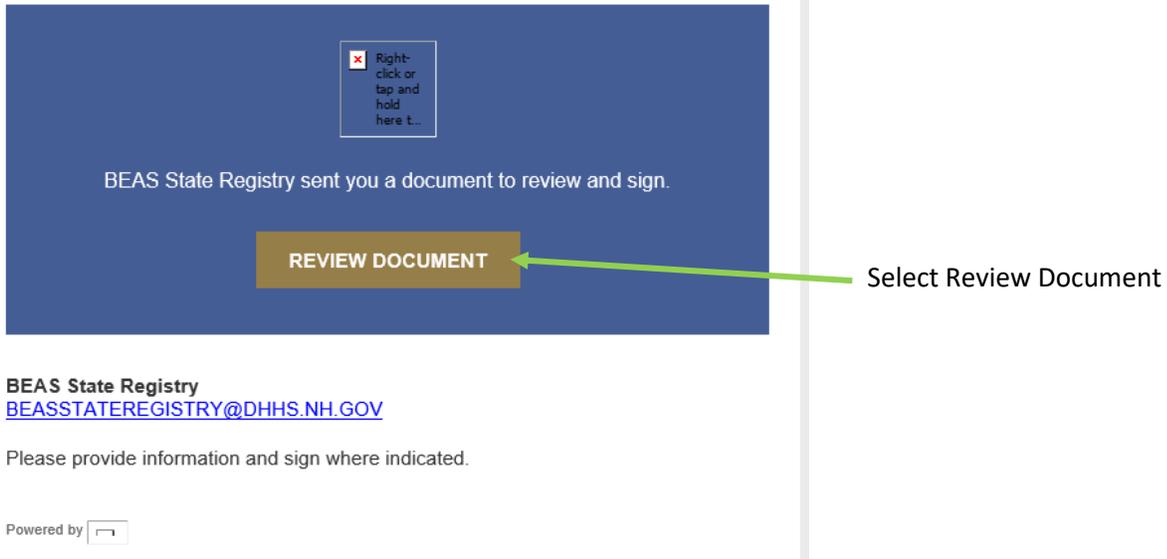


Employee Completing BEAS State Registry Check Consent Form

Employee will receive an email from DocuSign:

1. Select: Review Document button



2. Accept the Electronic Record and Signature Disclosure then select Continue.

Click the "I agree to use electronic records and signatures" check box

The screenshot shows the DocuSign document review interface. At the top, it says "Please Review & Act on These Documents" and "BEAS State Registry DLTSS". Below this, there is a section titled "Please read the Electronic Record and Signature Disclosure" with a checkbox labeled "I agree to use electronic records and signatures." which is checked. A green arrow points from the text "Click the 'I agree to use electronic records and signatures' check box" to this checkbox. To the right of the checkbox, there is a green "CONTINUE" button and a dropdown menu for "OTHER ACTIONS". Below the disclosure section, there is a form with the following fields: "concerning me to", "Employer/Agency: All in the Family", "Employer Contact: Archie", "Mailing Address: 2 Bunker Way", "City/State/Zip: Concord NH 03301", "Telephone: 603-271-9090", and "Email: dennis.m.towler@dhhs.nh.gov". Below this, there is an "Employee Information" section with fields for "Last name", "First name", "Middle initial", and "Mailing address".

- Please complete the required fields (outlined in red) as well as other fields as appropriate (i.e. Maiden Name, etc.), then sign.

Enter text FINISH OTHER ACTIONS ▾

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State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS) 10/22

BEAS STATE REGISTRY CONSENT FORM
 (RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: All in the Family

Employer Contact: Archie

Mailing Address: 2 Bunker Way

City/State/Zip: Concord NH 03301

Telephone: 603-271-9090

Email: denise.m.towle@dhhs.nh.gov

Employee Information

Last name: Stivic First name: Gloria Middle Initial: G

Mailing address: 704 Hauser St City/State/Zip: Nashua NH 03060

Telephone: 603-555-1234 Gender: Female Male

Email: gstivic@gmail.com

Also known by the following names (Maiden Name, etc.):

Last Name: _____ First Name: _____ Middle Initial: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: Month 03 Day 25 Year 1 Last 4 Digits of Social Security # 6543

Position: Nurse Select one: Applying Current Position
 Employee Consultant Volunteer Vendor Other

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in connection with my employment/volunteering.

Employee or Legal Representative Signature: _____ Date: 2/28/2023



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Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* **Initials***

SELECT STYLE **DRAW** **UPLOAD**

PREVIEW [Change Style](#)

DocuSigned by: DS

Gloria Stivic

E8283D69191D443... GS

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN
CANCEL

4. Select: Finish

Done! Select Finish to send the completed document. FINISH OTHER ACTIONS ▾

BEAS STATE REGISTRY CONSENT FORM (RSA 161-F:49')

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: All in the Family

Employer Contact: Archie

Mailing Address: 2 Bunker Way

City/State/Zip: Concord NH 03301

Telephone: 603-271-9090

Email: denise.m.towle@dhhs.nh.gov

Employee Information

Last name: Stivic First name: Gloria Middle Initial: G

Mailing address: 704 Hauser St City/State/Zip: Nashua NH 03060

Telephone: 603-555-1234 Gender: Female Male

Email: gstivic@gmail.com

Also known by the following names (Maiden Name, etc.):

Last Name: First Name: Middle Initial:

Last Name: First Name: Middle Initial:

Date of Birth: Month 03 Day 25 Year 1969 Last 4 Digits of Social Security #: 6543

Position: Nurse Select one: Applying Current Position

Employee Consultant Volunteer Vendor Other

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature: Date: 2/28/2023

Relationship to Employee: Email:

For more information

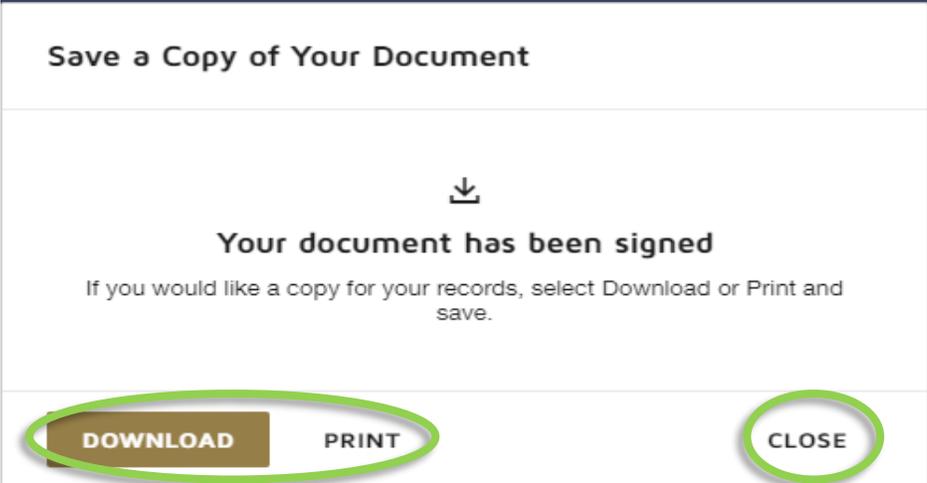
Ready to Finish?

You've completed the required fields. Review your work, then select **FINISH**.

FINISH

You will have the option to download and save a copy or print. Select Close.

You may download or print the completed form. When finished, select close



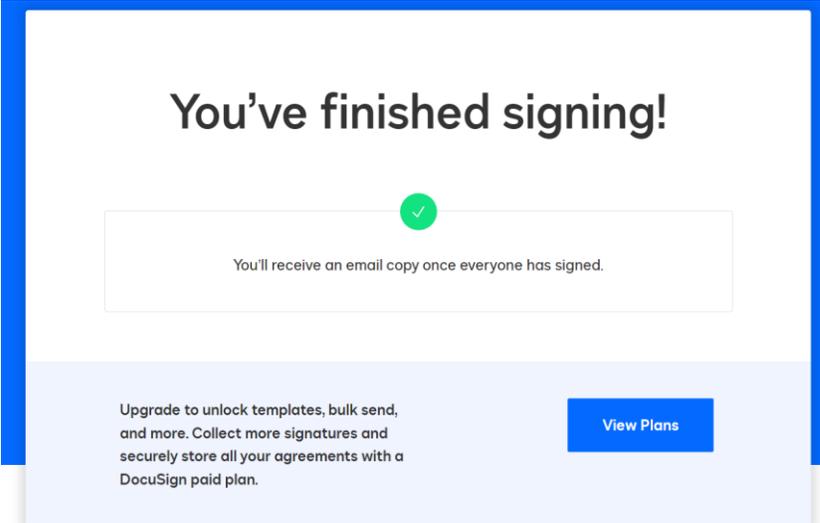
Save a Copy of Your Document

↓

Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD **PRINT** **CLOSE**



You've finished signing!

✓

You'll receive an email copy once everyone has signed.

Upgrade to unlock templates, bulk send, and more. Collect more signatures and securely store all your agreements with a DocuSign paid plan. [View Plans](#)

You have successfully completed the NH BEAS State Registry Consent Form and no further Employee action is required.

The form will continue through the process as outlined below:

- The form will automatically be delivered to the NH BEAS State Registry Unit.
- NH BEAS State Registry will complete the form.
- The completed form will automatically be delivered to the Employer and Employee email addresses that were provided.

NOTE: All email correspondence will be sent from: BEASStateRegistry@dhhs.nh.gov via DocuSign

BEAS State Registry may request additional information

- Example email – click on the ‘View’ button to see comments in the form.



- You will find a blue dot indicating where on the form additional comments are being requested. Click on the blue dot and this will open a comment box.

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State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

3655
10/22

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: Those Were the Days

Employer Contact: Michael Stivic

Mailing Address: 2 Family Lane

City/State/Zip: Hooksett NH 03106

Telephone: 603-271-9484

Email: denise.m.towle@dhhs.nh.gov

Employee Information

Last name: Bunker First name: Edith Middle Initial: A

Mailing address: 704 Hauser St City/State/Zip: Nashua NH 03060

Telephone: 603-223-2525 Gender: Female Male

Email: EABunker@hotmail.com

Also known by the following names (Maiden Name, etc.):

Last Name: _____ First Name: _____ Middle Initial: _____

Last Name: BR ← First Name: _____ Middle Initial: _____

Date of Birth: Month 10 Day 22 Year 1958 Last 4 Digits of Social Security # 3214

Position: RN _____ Select one: Applying Current Position
 Employee Consultant Volunteer Vendor Other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

BR Please enter any aliases if you have any

- Enter your comment in the text box then click on the 'Reply' button

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State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

3655
10/22

BEAS STATE REGISTRY CONSENT FORM (RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to:

Employer/Agency: Those Were the Days

Employer Contact: Michael Stivic

Mailing Address: 2 Family Lane

City/State/Zip: Hooksett NH 03106

Telephone: 603-271-9484

Email: denise.m.towle@dhhs.nh.gov

Employee Information

Last name: Bunker First name: Edith Middle Initial: A

Mailing address: 704 Hauser St City/State/Zip: Nashua NH 03060

Telephone: 603-223-2525 Gender: Female Male

Email: EABunker@hotmail.com

Also known by the following names (Maiden Name, etc.):

Last Name: First Name: Middle Initial:

Last Name: First Name: Middle Initial:

Date of Birth: Month 10 Day 22 Year 1958 Last 4 Digits of Social Security #: 3214

Position: RN Select one: Applying Current Position

Employee Consultant Volunteer Vendor Other

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

BR BEAS State Registry
Just Now
Please enter any aliases if you have any

Maiden Name: Baines

Private: BEAS State R... **REPLY**

- Click 'Post' to accept the new comment on the form.

✕

Almost There

By posting comments, I agree they will be made available to authorized envelope recipients and may be retained by DocuSign and our storage provider.

POST
CANCEL

Your additional comments are now part of the form. When you click 'Close', you will receive confirmation that the comments have been added and the form is now complete.

Employee Information

Last name: Bunker First name: Edith Middle Initial: A
Mailing address: 704 Hauser St City/State/Zip: Nashua NH 03060
Telephone: 603-223-2525 Gender: Female Male
Email: EABunker@hotmail.com

Also known by the following names (Maiden Name, etc.):
Last Name: _____ First Name: _____ Middle Initial: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: Month 10 Day 22 Year 1958 Last 4 Digits of Social Security #: 3214

Position: RN Select one: Applying Current Position
 Employee Consultant Volunteer Vendor Other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee or Legal Representative Signature:  Date: 2/28/2023
Relationship to Employee: _____ Email: _____

For more information,
Visit: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/elderly-adult-services-state-registry>
Call: (603) 271-8154 or Email: BEASStateRegistry@dhhs.nh.gov

FOR OFFICIAL USE ONLY - NH DHHS BEAS STATE REGISTRY NAME CHECK - CONFIDENTIAL

No Finding Positive Finding Unable to Process
Name: _____ Date: _____

BEAS 3655 State Registry Consent Form 1.31.23.docx 1 of 1

CLOSE

BR BEAS State Registry
2 minutes ago
Please enter any aliases if you have any

EB Edith Bunker
Just Now
Maiden Name: Baines

Write a reply...

Private: BEAS State R... **REPLY**

You're All Done!



You'll receive a copy once everyone has signed.

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Get Started