

Criminal History Records Disclosure Consent

RSMo 660.317 prohibits a skilled nursing facility, or other provider, from knowingly allowing those who have been convicted of, pled guilty to or *nolo contendere* in this state or any other state or has been found guilty of a crime, which is committed in Missouri would be a Class A or B felony violation, to give care to clients in their agency. As defined by state law, these are violations of chapter RSMo 565 (domestic violence/violence against a person), RSMo 566 (sex offenses) or RSMo 569 (robbery, arson, burglary or related offenses), or any violation of subsection 3 of section 198.070 RSMo (abuse and neglect), or section 568.020 RSMo (incest).

RSMo 660.315 requires an inquiry whether a person is listed on Missouri Department of Health and Senior Services disqualification list. In addition to these records, an on-line search will be conducted to determine if an Associate is on other government sanction lists. These on-line searches include Office of Inspector General (OIG) and the General Services Administration Excluded Parties List System (EPLS). As a condition of employment with the Facility, and in response to RSMO 660.317b and 660.315, Associates will be required to consent to release of their criminal history records (RSMo 43.450) for the sole purpose of determining the Associate's ability to enter resident care areas in order to care for such residents.

The Facility is hereby granted my permission, consent, and authorization to obtain all background check information maintained on me by the Family Care Safety Registry (FCSR), Missouri Highway Patrol, the Missouri Department of Health and Senior Services (sanction list) and any agency thereof, the FBI and any other law enforcement agency of and state of the United States, the Office of Inspector General sanction list and the General Services Administration EPLS sanction list if necessary. I understand that the Missouri Highway Patrol background check and/or nationwide criminal background screenings for those individuals who have lived in states other than Missouri will be obtained to determine class A and class B felonies, but the Facility is hereby authorized to obtain the other background information listed above. The information received by the Facility will remain confidential (RSMo 43.540) and will be shared with other parties only as necessary for the sole purpose to determine my ability to enter resident care areas in order to care for such residents.

Any Associate who is found to have a criminal history for a class A or class B felony, as defined by state law, or is found to be on one of the governmental sanction lists will not be able to continue his/her employment with the Facility. Associates must report any arrest, charge, or conviction under a criminal drug or alcohol statute for violations occurring on or off the Facility premises, within five (5) days of the occurrence.

I understand that these background checks are used for the sole purpose of determining my ability to enter resident care areas in order to be able to care for such residents and I hereby consent to the use of such information as stated in this disclosure consent. I also understand my background results will be submitted to other providers if requested.

By completing the information below, I indicate my understanding of the above Criminal History Records Disclosure.

Legal name: _____

SS# _____

Maiden/Alias name(s): _____

Address: Street address or PO Box City State Zip

Date of birth: _____ Place of birth (city/state) _____

List each state where you have lived for the past 10 years:
