Attendant Information Sheet

Name:____

Address:____

City:____

State:_________________________ Zip Code:______________________

County You Live In:____

Home Phone:____________________ Alternate Phone:________________

Days Available: Mon Tues Wed Thurs Fri Sat Sun_______________
(circle all that apply)

Times Available:____
(example: 7am to 4pm)

Cities You Will Work In:____

Do You Have Reliable Transportation: Yes No ______________________
(circle one)

Can You Do Heavy Lifting: Yes No______________________________
(circle one)

Who Do You Prefer To Work With: Males Females Either___
(circle one)

Do You Have Any Type of Criminal History or Investigation for Child Abuse/Neglect, Etc: Yes No _______________________________
(circle one)

Please List Experience You Have:___________________________________
____
____

Today's Date:____

Please note, we will need a copy of your Driver's License and Social Security Card, and a $12 registration fee for your background screening.

Authorization to Register On-line
with the Department of Health and Senior Services

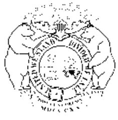
I, ________________________________ give permission to Southwest Center for Independent Living to register me on-line with the Family Care Safety Registry for purposes of attaining employment.

Further, I agree to waive any and all claims, demands and causes of action against Southwest Center for Independent Living and its officers, directors, employees and agents (referred to collectively as the Company) for information which arises in any way from the information furnished to the Company.

I also agree to indemnify and hold Company harmless from any and all loss, cost or expense, including attorney's fees and costs of defense, in any suit brought against the Company as a result of any information or denial of employment as a result of the information furnished to the Company.

Attendant Signature: ____

Date: ________________________________



Missouri Department of Health and Senior Services
Family Care Safety Registry

WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to **Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102**.

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- ☐ Adoptive Parent (Agency Name: ____________________)
- ☐ Child Care
- ☐ Foster Parent/Family Member of Foster Parent (County Office: ____________)
- ☐ Hospital
- ☒ Long Term Care/Personal Care (*Please choose subcategory at right →.*)
- ☐ Mental Health/Psychiatric Hospital
- ☐ Voluntary *(Select voluntary if no other registration type applies.)*

A one-time registration fee of **$12.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)

- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Hospice
- ☐ Hospital LTAC/Swing Bed
- ☐ Mental Health – Residential Facility/ICF
- ☐ Nursing Facility/Skilled Nursing
- ☐ Personal Care – Home Health
- ☐ Personal Care – In-Home Services
- ☒ Personal Care – Consumer Directed Services/Center for Independent Living
- ☐ Personal Care – HCY/PDW/DDD/Other

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

— —

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (Jr., Sr., II, III)

MAIDEN NAME (If applicable)	PRIOR NAMES USED (If applicable, list first and last names.)	DATE OF BIRTH (mm-dd-yyyy)	GENDER
		- -	☐ M ☐ F

CONTACT INFORMATION

MAILING ADDRESS (Enter your street address or post office box. This address must be different from Employer Address.)

CITY	STATE	ZIP CODE	COUNTY

TELEPHONE	EMAIL (Optional)	COUNTRY (Complete *only* if U.S. territory/outside U.S.)
( ) -		

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

☐ My current/potential child care, long term care or mental health care employer is:

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY	STATE	ZIP

EMPLOYER TELEPHONE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE
( ) -		

☐ No Employer, because I am a(n):

- ☐ Adoptive Parent
- ☐ Foster Parent/Family Member
- ☐ Home Child Care Provider
- ☐ Private Pay/Private Duty
- ☐ Student
- ☐ Volunteer
- ☐ Other (Explain: __________)

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (Must be signed in blue or black ink.)	DATE OF SIGNATURE (Must be within six months of submission.)
➤	- -

Attendant/Employee Must Complete All Shaded Areas

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 *et seq*., RSMo.) If you checked Long Term Care / Personal Care, please *also* make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address including street address or post office box, city, state, ZIP code, and county. Include your telephone number. We will use this information to notify you of registration results and any background screenings conducted.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the *transfer* of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the *substance* of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. A Registry worker will first confirm whether the person in question is registered. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).

Missouri Department of Health and Senior Services
Family Care Safety Registry

RESET

PO Box 570
Jefferson City, MO 65102
TOLL FREE: 866-422-6872
FAX: 573-522-6981

EMPLOYER BACKGROUND SCREENING REQUEST

EMPLOYER INFORMATION

The direct employer must be listed below. This form may be submitted for an employer by an approved third party if a signed delegation agreement is on file with the Family Care Safety Registry. **Please type or print clearly.**

EMPLOYER/BUSINESS NAME (Includes "DBA" Name)	PARENT COMPANY NAME (If different from Employer/Business Name)			
OWNER NAME	CONTACT PERSON (If not the Owner) Patricia Hayne, Lorie Henry, Kristi Dieleman		EMAIL (Optional)	
MAILING ADDRESS c/o SCIL, 2864 S Nettleton Ave	CITY Springfield	STATE MO	ZIP 65807	COUNTY Greene
ARE YOU STATE LICENSED OR CONTRACTED? (If so, enter number here.) State Agency: ____________ Lic./Contract No.: ____________	FAX NUMBER ( ) -		PHONE NUMBER (417) 886- -1188 ext.	

PROVIDER TYPE (CHECK ALL THAT APPLY)

- ☐ Child Care Center
- ☐ Family Child Care Home/Group Home
- ☐ Child Placement Service (Adoptive/ Foster Care)
- ☐ Children's Home/Residential Facility
- ☐ State or Local Government Agency
- ☐ School: K – 12
- ☐ School: College/Technical/University
- ☐ Non-Emergency Medical Transport
- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Skilled Nursing Facility
- ☐ Nursing Facility
- ☐ Residential Care Facility
- ☐ Intermediate Care Facility
- ☐ Intermediate Care Facility/MR
- ☑ Personal Care: CDS/CIL
- ☐ Personal Care: In-Home Svcs.
- ☐ Personal Care: HCY/PDW/DDD/Oth.
- ☐ Home Health Agency
- ☐ Hospice
- ☐ Hospital: LTAC or Swing Bed
- ☐ Other Long Term Care Provider
- ☐ General Hospital
- ☐ Mental Health/Psychiatric P[•]ãœ
- ☐ Uc@¦ÁT^}cæ|ÁP^æ|c@ÁÔæ¦^ÁÚ¦[çãâ^¦
- ☐ Other Health Care Provider
- ☐ Other (Please list): ____________

IF MORE THAN ONE PROVIDER TYPE CHECKED, WHICH ONE IS PRIMARY? Please list: ____________________________

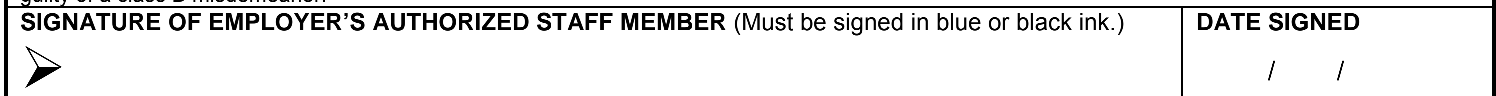
EMPLOYEE/APPLICANT TO BE SCREENED

	LAST NAME (Current/Legal)	FIRST NAME (Current/Legal)	MI	SOCIAL SECURITY NO.	DATE OF BIRTH
1				— —	/ /
2				— —	/ /
3				— —	/ /
4				— —	/ /
5				— —	/ /

CERTIFICATION FOR EMPLOYEE BACKGROUND SCREENING AND REQUEST FOR SPECIFIC INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I certify that my request for background information on the individual(s) listed above is for employment purposes only. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care, elder care or personal care setting. I understand I cannot request background information on former employees. I have read and understand the following: 1) Registry information provided consists only of information relative to the state of Missouri and does not include information from other states or information that may be available from other states; 2) any person who uses the information obtained from the Family Care Safety Registry for any purpose other than that specifically provided for in sections 210.900 *et seq.*, RSMo, is guilty of a class B misdemeanor; and 3) when any Registry information is disclosed pursuant to section 210.921.1(2), RSMo, the Department of Health and Senior Services will notify the registrant of the name and address of the person making the request.

I request that specific information be provided to me in the event that the background screening performed upon the individual(s) identified above indicates that there is information identified in any of the sources checked by the Family Care Safety Registry. I understand that this information is to be used for employment purposes only and anyone using the information for any purpose other than that specifically provided in sections 210.900 *et seq.*, RSMo., is guilty of a class B misdemeanor.



SIGNATURE OF EMPLOYER'S AUTHORIZED STAFF MEMBER (Must be signed in blue or black ink.) ➤	**DATE SIGNED** / /
TYPE OR PRINT AUTHORIZED STAFF MEMBER NAME	

IMPORTANT:

- Background screening information is provided **at no cost** to eligible employers through the Family Care Safety Registry (FCSR).
- Individuals must be registered with the FCSR *and* their information must be current before a background screening can be conducted.
- Send this completed form to the Missouri Dept. of Health and Senior Services, FCSR using the address listed at the upper right.
- Organizations licensed or contracted with the Missouri Dept. of Health and Senior Services can request online access for staff to conduct screenings at any time. Call our toll-free number to ask how, or visit our website at www.health.mo.gov/safety/fcsr.

WHAT IS THE FAMILY CARE SAFETY REGISTRY?
The Family Care Safety Registry, administered by the Missouri Department of Health and Senior Services, provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child-care, long-term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child-care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?
Any person hired on or after January 1, 2001, as a child-care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009 as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the Department of Health and Senior Services without good cause, as determined by the department, is guilty of a class B misdemeanor.**

WHAT IS THE PURPOSE OF THE EMPLOYER BACKGROUND SCREENING REQUEST FORM?
Eligible employers may use the Employer Background Screening Request form to obtain background screening information on employees who have completed registration for to the Family Care Safety Registry. The form may take the place of calling the Registry's toll-free telephone line as outlined in section 210.921, RSMo. The background screening information is provided at no cost. The registrant will be notified in writing each time a background screening request is made. The written notification will include the name and address of the requesting employer as well as the information provided to the requester.

HOW DO I COMPLETE THE EMPLOYER BACKGROUND SCREENING REQUEST?
Employer Information – List employer's identifying information. If you are not sure if your organization is licensed or contracted with the state of Missouri, do not complete the associated field.

Employee/Applicant to be Screened – List the full name, social security number, and date of birth of employees or job applicants whose applications for registration have been or are being submitted to the Family Care Safety Registry for processing. All three fields must be complete for each individual and must match what is currently on file with the FCSR in order to conduct a screening.

Certification for Employee Background Screening and Request for Specific Information – Employer must sign and date the Employer Background Screening Request in ink after reading the certification and request for specific information statement. The employer’s signature certifies that the request for background information for employees listed is for employment purposes. The employer’s signature also certifies the employer understands Registry information provided consists only of information relative to the state of Missouri and does not include information from other states; any person who uses the information obtained from the Registry for any purpose other than employment purposes is guilty of a class B misdemeanor; and when Registry information is disclosed, the Department of Health and Senior Services will notify the registrant of the name and address of the person making the request.

Employers have the right to request specific information regarding the finding(s) identified in any of the sources checked by the Registry. The request must be submitted in writing, and by signing the form, the employer is deemed to have met this requirement.

HOW DO I SUBMIT THE EMPLOYER BACKGROUND SCREENING REQUEST?
The Employer Background Screening Request may be submitted by mail or FAX. If the employee/applicant is not yet registered, the employer may choose to submit the Employer Background Screening Request along with Worker Registration form, photocopy of social security card and required registration fee, by mail to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102.

WHEN WILL BACKGROUND SCREENING RESULTS BE KNOWN?
The requester will be notified, in writing, of the results of the background screening performed by the Family Care Safety Registry. If the requester contacts the Registry using the toll-free access line, 866-422-6872, the employer will be provided the results while on the phone as well as in writing. The registrant will also be notified in writing each time a background screening request is made. The written notification will include the name and address of the individual making the request as well as the information provided to the requester.

WHAT IS THE PENALTY FOR MISUSING REGISTRY INFORMATION?
Information maintained by the Family Care Safety Registry can be disclosed for employment purposes only. Employment purposes include direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child- or elder-care setting. **Any person who uses the information obtained from the Registry for any purpose other than employment purposes is guilty of a class B misdemeanor.**

EMPLOYMENT APPLICATION

Consumer/Employer: ____

Name____; Aliases____

Complete Address____

Street Address City State Zip

Email Address____

Telephone Number: (____) ____________ Cell ☐ Alternate Number: (____) ____________ Cell ☐

Are You 18 Years Of Age Or Older? ___ Yes___ No ***(State Requirement: Must be able to show proof you are at least 18 years of age or older)***

Have you lived in Missouri for the last consecutive five years? _____ Yes _____ No

If NO, Have you worked for an in-home agency since your return? _____ Yes _____ No

Are you related by blood, adoption, or marriage to the Consumer/Employer? ______Yes _____ No How are you related to the Consumer/Employer? ____

BACKGROUND

Have you ever been listed on the Employee Disqualification List? ____ Yes ____ No Reason______________________

Have you ever been convicted of, plead guilty to, or plead nolo contendere (no contest) to and offense other than a minor traffic violation? ____ Yes ____

Have you ever been investigated by the Department of Social Services Children's Division Family Services, Department of Health and Senior Services, Department of Health and Senior Services, or any other agency for any type of abuse, neglect or wrongdoing of any sort? ____ Yes ____

Have you ever applied for a Good Cause Waiver? ____ Yes ____ No When? ____________ Why? ______________

Please ask how to complete a Good Cause Waiver when criminal history is disclosed.

Are you registered with the Family Care Safety Registry? ____ Yes ____ No

Are you legally eligible for employment in the U.S.? ____ Yes ____ No

Have you ever had any other Social Security Numbers? ____ Yes ____ No

If yes, please list other numbers: ____

Do you have regular access to reliable transportation? ____ Yes ____ No

Have you reviewed the Plan of Care with the Consumer/Employer? ____ Yes ____ No

Please list any certifications, professional designations and/or licenses you have: ______________________________

____

____

EMPLOYMENT HISTORY – List the last 5 years of employment with most recent first. If you were previously an attendant employed by an individual receiving Consumer Directed Services, list them as the Company.

1) Company Name: _________________________________; Supervisor: ___________________________________

Mo/Yr Employed: From _________ To________ Position Held: ____

Complete Address ____

Street Address City State Zip Code

Phone: ______________________________ Duties: ____

Reason for leaving: ____________________________________ May Consumer contact the employer? Yes___ No___

2) Company Name: ___________________________________; Supervisor: ____________________________________

Mo/Yr Employed: From _________ To________ Position Held: ____

Complete Address ____

Street Address City State Zip Code

Phone: _______________________________ Duties: ____

Reason for leaving: _____________________________________ May Consumer contact the employer? Yes___ No___

3) Company Name: ___________________________________; Supervisor: ____________________________________

Mo/Yr Employed: From _________ To________ Position Held: ____

Complete Address ____

Street Address City State Zip Code

Phone: _______________________________ Duties: ____

Reason for leaving: _____________________________________ May Consumer contact the employer? Yes___ No___

REFERENCES: List three credible references *not related to you.*

1) Name: ________________________________Relationship ______________________ Phone #_________________

Complete Address ____

Street Address City State Zip Code

2) Name: ________________________________Relationship ___________________ Phone #_____________________

Complete Address ____

Street Address City State Zip Code

3) Name: ________________________________Relationship ___________________ Phone #_____________________

Complete Address ____

Street Address City State Zip Code

Acknowledgement:

I certify the answers herein are true and accurate to the best of my knowledge and I hereby authorize performance of pre-employment criminal record checks for employment purposes only. I hereby give consent to performance of a closed records check pursuant to Section 610.120 RSMO. I understand any employment with Consumer is conditioned on my consent to such checks as well as the findings/results of such checks. I hereby release any person or organization conducting such background checks and/or furnishing such criminal record information and Consumer from any and all liability arising out of the conducting of a check or the furnishing or receipt of criminal record information. Any such person or organization may rely on a copy of this release. In the event of employment with Consumer, I understand that false or misleading information given on this application or in interview(s) may result in refusal to hire or, if employed, may result in discharge after its discovery.

Section 208.909.4, RSMo Supp. 2005 states: No state or federal financial assistance shall be authorized or expended to pay for personal care assistance services provided by a personal care attendant who is listed on any of the background check lists in the family care safety registry under sections 210.900 to 210.937, RSMo, unless a Good Cause Waiver is first obtained from the Department in accordance with section 660.317, RSMo.

By signing below, I agree to the aforementioned statements and consent to a criminal record check and to a closed records check pursuant to State of Missouri Regulations.

Signature of Applicant: ____ Date: ______________

All qualified applicants will be considered without regard to race, gender (sex), religion, veteran status, disability, age, sexual orientation, national origin, or any other classification protected by law.