




EMPLOYER BACKGROUND SCREENING REQUEST

EMPLOYER INFORMATION				
<i>The direct employer must be listed below. This form may be submitted for the direct employer by an FCSR-approved third party if a signed delegation agreement is on file with the Family Care Safety Registry. Please type or print clearly.</i>				
EMPLOYER/BUSINESS NAME (Includes "DBA" Name)		PARENT COMPANY NAME (If different from Employer/Business Name)		
OWNER OR CONTACT PERSON		EMAIL ADDRESS (See next page regarding use of your email address.)		
MAILING ADDRESS	CITY	STATE	ZIP	COUNTY
ARE YOU STATE LICENSED OR CONTRACTED? (If so, enter number here.) State Agency: _____ Lic./Contract No.: _____			PHONE NUMBER () - ext.	
PROVIDER TYPE (CHECK ALL THAT APPLY)				
<input type="checkbox"/> Child Care Center – Licensed	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Home Health Agency		
<input type="checkbox"/> Child Care Center – License-Exempt	<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Hospice		
<input type="checkbox"/> Family Child Care Home/Group Home	<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Hospital: LTAC or Swing Bed		
<input type="checkbox"/> Child Placement Service (Adoptive/ Foster Care)	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Other Long Term Care Provider		
<input type="checkbox"/> Children's Home/Residential Facility	<input type="checkbox"/> Residential Care Facility	<input type="checkbox"/> General Hospital		
<input type="checkbox"/> State or Local Government Agency	<input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> Mental Health/Psychiatric Hospital		
<input type="checkbox"/> School: K – 12	<input type="checkbox"/> Intermediate Care Facility/MR	<input type="checkbox"/> Other Mental Health Care Provider		
<input type="checkbox"/> School: College/Technical/University	<input type="checkbox"/> Personal Care: CDS/CIL	<input type="checkbox"/> Other Health Care Provider		
<input type="checkbox"/> Non-Emergency Medical Transport	<input type="checkbox"/> Personal Care: In-Home Svcs.	<input type="checkbox"/> Other (Please list): _____		
<input type="checkbox"/> Personal Care: HCY/PDW/DDD/Oth.				
IF MORE THAN ONE PROVIDER TYPE CHECKED, WHICH ONE IS PRIMARY? Please list: _____				
EMPLOYEE/APPLICANT TO BE SCREENED (Must be registered with the FCSR and their information must be up to date.)				
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				
<p>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.</p> <p>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.</p>				
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:				
<ul style="list-style-type: none">Confirm the employee/applicant to be screened has registered with the FCSR by checking our website or calling our toll-free number.Organizations licensed by or contracted with a Missouri state agency as a care provider can apply for online access for staff to conduct screenings at any time instead of submitting this form. Call our toll-free number or visit our website for more information.Visit the Family Care Safety Registry website at www.health.mo.gov/safety/fcsr or contact our toll-free call center at 866-422-6872.				

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. **Your entry of an email address may be used to deliver your organization's background screening results notifications via encrypted email. Some non-automated result letters cannot be emailed at this time. When applicable, a separate encrypted email will be generated for each employee screened. Notifications may be delivered to the email address provided on this form until you contact the Registry to update your information.**

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 or job applicants 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 signed Employer Background Screening Request may be submitted by mail, FAX or email. If the employee/applicant is not yet registered, the employer may choose to submit the Employer Background Screening Request along with a 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. Written notification may be delivered via email.

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.**



Excel Home Health Care

1300 Hampton Ave., Suite 111

St. Louis, MO 63139

(314)361-7775 or (314)361-7779

* Application are considered for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

I want to (select): _____ Work for a specific person _____ Be referred to others

Name: _____ Social Security #: _____

Physical Address: _____

City: _____ State: _____ Zip _____

Telephone: () _____ Alternate: () _____

Can you verify that you meet the following qualifications: Are you at least 18 years of age: able to meet physical and mental demands required to perform specific task of the consumer; agree to maintain confidentiality; be emotionally mature and dependable; able to handle emergency situations; and not be the consumers spouse?

(Please select one) YES _____ NO _____

Have you lived in Missouri for the past 5 years? YES _____ NO _____ If no, list state _____

How did your learn of this position? _____

Is there any reason why you would not be able to perform the job duties? _____

If yes, please explain: _____

Have you ever been listed on the EDL? YES _____ NO _____

Have you been charged with an offense other than a minor traffic violation? _____

Please disclose all criminal convictions, finding of guilt, pleas of guilt, and pleas of nolo contendere except minor traffic offenses. By signing this application I consent to have a pre-employment criminal record check. I further agree to all this employer access and review to all closed records. Failure to disclose any criminal information is a violation of the law. All convictions will be identified by the FCSR, including convictions more than 10 years ago. If the answer is No indicate with a N/A.

If you answer yes to any of the above, please explain.

By signing this application, I understand I am required to disclose all aliases and social security numbers used in the past or present. Please list below.

Are you a United States Citizen? YES _____ NO _____

Are you registered with the Family Care Safety Registry? YES _____ NO _____

Have you applied for a Good Cause Waiver? YES _____ NO _____

Do you have a skilled license? YES _____ NO _____

Do you have a valid Driver's License? YES _____ NO _____ Do you have transportation? YES _____ NO _____

Have you ever worked with people with physical/cognitive disabilities? YES or NO

If yes, please explain: _____

Do you prefer working with male, female, or either? _____

Preferences and Availability

SUN MON TUE WED THUR FRI SAT

AM _____

PM _____

Please circle the following duties that you are willing and able to perform on a daily basis:

Dressing	Showering	Feeding	Meal Preparation
Laundry	Cleaning	Transfers	Correspondence
Errands/Shopping			

References: Provide two personal references not related to you or past employer.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

.

Employment History:

Company Name: _____ Supervisor: _____

Date Employed: _____ Position: _____

Duties: _____

Reason for Leaving: _____ Salary: _____

Are you eligible for re-hire? YES _____ NO _____ May we contact this employer? YES _____ NO _____

Company Name: _____ Supervisor: _____

Date Employed: _____ Position: _____

Duties: _____

Reason for Leaving: _____ Salary: _____

Are you eligible for re-hire? YES _____ NO _____ May we contact this employer? YES _____ NO _____

Company Name: _____ Supervisor: _____

Date Employed: _____ Position: _____

Duties: _____

Reason for Leaving: _____ Salary: _____

Are you eligible for re-hire? YES _____ NO _____ May we contact this employer? YES _____ NO _____

Have you ever been convicted of any criminal convictions, findings of guilt or pleas of guilt?

(Yes or No Plea or nolo contendere, except for minor traffic violations) YES _____ NO _____

Must disclose all criminal convictions: if yes please explain:

Authorization:

I acknowledge and understand that if employed, falsified statement of this application shall be grounds for termination. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise and release Excel Home Health Care from liability from any damage that may result from utilization for such information.

I certify that the answers given are true and complete to the best of my knowledge and I hereby grant permission for a background screening via the FCSR to be performed for employment purposes.

I also understand and agree that no representative of Excel Home Health Care has any authority to enter in an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is writing and signed by an agency representative.

Signature of applicant: _____ Date ____/____/____

For Vender Purpose only:

This application is ____ eligible ____ ineligible for employment according to the regulations and the FCSR background screening.

Screening performed by: _____

Confirmation # _____ Results _____



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.** Register only once!

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
- ☐ Missouri Foster Parent/Family Member of Foster Parent
Children's Division 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.)

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

A one-time registration fee of **\$14.00** applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces? ☐ Yes ☐ No
If Yes, would you like information about military-related services in Missouri? ☐ Yes ☐ No

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

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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)
BIRTH NAME (LIST FULL NAME)		PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)
			GENDER <input type="checkbox"/> M <input type="checkbox"/> 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 ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

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

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:			<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME Excel Home Health Care			<input type="checkbox"/> Adoptive Parent		
EMPLOYER ADDRESS 1300 Hampton Ave., Suite 111			<input type="checkbox"/> Foster Parent/Family Member		
EMPLOYER CITY St. Louis			<input type="checkbox"/> Home Child Care Provider		
STATE MO			<input type="checkbox"/> Private Pay/Private Duty		
ZIP 63139			<input type="checkbox"/> Student		
EMPLOYER TELEPHONE 314-361-7779			<input type="checkbox"/> Volunteer		
EMPLOYER CONTACT NAME Sherita Harris			<input type="checkbox"/> Other (Explain: _____)		
EMPLOYER CONTACT TITLE Manager					

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	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)
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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 Elementary and Secondary Education
- 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, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

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. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

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.

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 contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO 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. 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).