UTAH DOH-HFLCRA September 2005

## CBS/MIS CONSENT AND RELEASE OF LIABILITY FOR HEALTH FACILITIES

<u>INSTRUCTIONS:</u> Please read both sides of this form, PRINT legibly with black in or TYPE completing the entire form including signatures.

Processing will not be completed if all required information and signatures are not provided

♦ ♦ ♦ ♦ EMPLOYER INFORMATION ♦ ♦ ♦ ♦										
FACILITY NAME AS LIST	ED ON LICENSE		AREA CODE AND BUSINESS TELEPHONE NUMBER							
BUSINESS ADDRESS					CITY, STATE, ZIP CODE					
MAILING ADDRESS				CITY, STATE, ZIP CODE						
NAME OF REPRESENTA	TIVE * AND TITLE	SIGNATURE				DATE				
*The Representative may be the Administrator/Staff Developer/Human Resource Manager at the Facility										
MARK WHICH GROUP OF RESIDENTS THIS APPLICANT WILL BE WORKING WITH:  ADULTS ONLY  CHILDREN ONLY  BOTH ADULTS AND CHILDREN										
TYPE OF FACILITY:	☐ ASSISTED LIVING ☐ ICF/MR	☐ ESRD ☐ NURSING FACILITY		HOME HEALT	TH/PERSONAL CARE AGENCY	HOSPICE				

#### PURPOSE:

The purpose of the criminal background screening, as part of the Department of Health (DOH) Bureau of Health Facility Licensing, Certification and Resident Assessment process, is to determine whether an individual has been convicted of any crime or has a substantiated finding of abuse or neglect of children or adults to aid in protecting the health and safety of vulnerable disabled and elder adults.

#### INSTRUCTIONS:

The appointed representative is responsible for submitting the completed CBS/MIS Consent and Release of Liability form to the Bureau of Health Facility Licensing, Certification and Resident Assessment prior to or within ten (10) days of hire. The representative completes the "EMPLOYER SECTION" of this form, and signs in the space provided. The applicant completes and signs the reverse side of this form. Incomplete applications cannot be processed and will be returned.

If the applicant has not resided in Utah for the last five (5) years, fingerprints and business check or money order in the amount of \$24.00 per applicant must be submitted along with this form to process the FBI NCIC check.

### Send the completed form to:

BUREAU OF HEALTH FACILITY LICENSING, CERTIFICATION & RESIDENT ASSESSMENT CRIMINAL BACKGROUND SCREENING
PO BOX 144103
SALT LAKE CITY UT 84114-4103

Submit only one form for each applicant and submit only for those persons defined by the Administrator to be in a "direct" care to resident/ patient position.

If you have any questions or concerns pertaining to the criminal background screening, please contact the Bureau at: (801) 538-6158 or toll-free at: 1-800-662-4157. Any other questions should be directed to your employer's Human Resource Manager.

### DENIAL

The Bureau of Health Facility Licensing, Certification and Resident Assessment shall deny clearance for applicants with any felony or misdemeanor A convictions and certain misdemeanor convictions that fall under Utah Criminal Code as offenses against the family, offenses against the person, pornography, prostitution or any type of sexual offense, i.e., simple assault, domestic violence, lewdness, prostitution, child abuse, etc. We may also deny clearance on a pattern of convictions regardless of type (in excess of three (3), and for false information submitted by the applicant. If there is an error on an applicant's criminal record or if the applicant is eligible to have their record expunged, it is the applicant's responsibility to resolve the matter by contacting: The Utah Department of Public Safety, Bureau of Criminal Identification (Phone number (801) 965-4445). When the matter is resolved, the applicant must provide legal documentation of the expungement, dismissal, etc. to be considered again for clearance.

When a denial occurs, the Applicant and Administrator will be notified of the action and of the applicants appeal rights.

## **CONFIDENTIALITY:**

The Bureau of Health Facility Licensing, Certification and Resident Assessment will keep the information acquired confidential. No confidential details of the report will be released or disclosed over the phone. The Bureau will notify the applicant and their employer if they do not meet the Bureau's qualification standards for clearance based on exclusions indicated in R432-35.

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Print legibly in black ink or type								
LAST NAME	FIRST NAME		MIDDLE NAME	MAIDEN NA	ME & ALL PRI	ALL PREVIOUS MARRIED NAMES/ALIAS		
		(FEMALE)				DDIVEDIO LICENCE # AND CTATE		
DATE OF BIRTH	GENDER (MALE	(FEMALE)	SOCIAL SECURITY NU	MBEK	R DRIVER'S LICENSE # AND STATE			
CURRENT HOME ADDRESS		CITY	STATE	ZIP CODE		AREA CODE HOME PHONE		
OUNTERN HOME ADDITED	on i	THE ZII GODE			NUMBER			
If you have not resided in Utah fo	r the past five (5) yea	ars, list addres:	ses you have lived a	nd for how lon	g: (attach ad	Iditional shee	et if necessary)	
ADDRESS			CITY AND STATE		FR	FROM TO		
READ AND ANSWER ALL QU	ESTIONS COMPLE	ETELY:						
Have you resided in Utah continu	ously for the last fiv	o (5) voare?						
If "no" a completed fingerprint card a	and business check or	money order fo	or \$24.00 for FBI NCIC	clearance mus	st accompany	this application	on.	
Please indicate your professional	licensing or certific	ation if any. N						
Do you have any felony convictio	ne on your rocord?	(A folony cony		<del></del>		OTHER	onte	
Extenuating or mitigating circumstar								
Have you are been consisted of			a. Damastia Vialanaa	-:	4 January			
Have you ever been convicted of Prostitution, DUI's, theft, shoplifting,	<u>a misαemeanor oπei</u> dangerous drugs, dis	nse?(Example tribution of cont	rolled substance, sex	, simple assaul offenses involvi	t, iewaness, s ing children, e	ex solicitation etc.) <b>If "yes".</b>	,	
documentation must be attached ex	plaining circumstance	s, age of convic	tion(s) type of convicti					
requirements, letters of reference, v	alid documentation of	counseling, ren	abilitation, etc.					
Are you currently awaiting trial or	any felony or misde	emeanor charg	<u>ies</u> ? Attach written ex	planation of the	e charges.			
Have you ever been investigated Family Services (Child Protective								
Why and what for.	Oel vices) that resum	tea iii beilig sa	bstantiateu: II yes	CAPICITI OTI CI S	cparate srice	, or paper — wi		
Have you ever been investigated Division of Aging and Adult Servi	for abuse or neglect	of a disabled o	or vulnerable adult by t resulted in being si	<u>/ the Utah Dep</u> .hstantiated?	oartment of H	<u>iuman Servic</u> ain on a senar	: <u>es,</u> :ate	
Sheet of paper – when, why, and		<u> </u>	t resulted in being st	abotantiatoa :	ii yoo , oxpic	an on a sepan		
I hereby authorize the Utah Departn	nent of Health to proce	ess this criminal	history check pertiner	nt to my applica	tion according	g to Utah Cod	e 26-21-9.5. The	
release of any and all information is	authorized whether th	ne same is of re	cord or not. I do hereb	y release all pe	ersons, firms,	agencies, cor	mpanies, groups,	
or institutions, whomsoever, from ar PROVIDED IS TRUE AND CORRECT TO			sning such information	i to the Departr	nent of Healtr	1. ISWEAR IH	IE INFORMATION	
SIGNATURE						DATE	_	
			T OF HEALTH USE		<b>* *</b>			
DATE RECEIVED	FBI APPI	ROVAL	MIS A	PPROVAL		CBS AP	PROVAL	
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