

CBS/MIS CONSENT AND RELEASE OF LIABILITY FOR HEALTH FACILITIES

INSTRUCTIONS: Please read both sides of this form, PRINT legibly with black ink 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 LISTED ON LICENSE		_____ AREA CODE AND BUSINESS TELEPHONE NUMBER
_____ BUSINESS ADDRESS	_____ CITY, STATE, ZIP CODE	
_____ MAILING ADDRESS	_____ CITY, STATE, ZIP CODE	
_____ NAME OF REPRESENTATIVE * 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: <input type="checkbox"/> ADULTS ONLY <input type="checkbox"/> CHILDREN ONLY <input type="checkbox"/> BOTH ADULTS AND CHILDREN		
TYPE OF FACILITY: <input type="checkbox"/> ASSISTED LIVING <input type="checkbox"/> ESRD <input type="checkbox"/> HOME HEALTH/PERSONAL CARE AGENCY <input type="checkbox"/> HOSPICE <input type="checkbox"/> ICF/MR <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> SMALL HEALTH CARE <input type="checkbox"/> TCU		

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.

EMPLOYEE MUST COMPLETE THE BACK OF THIS FORM

