



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) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Child Care Center – Licensed</td> <td><input type="checkbox"/> Adult Day Care</td> <td><input type="checkbox"/> Home Health Agency</td> </tr> <tr> <td><input type="checkbox"/> Child Care Center – License-Exempt</td> <td><input type="checkbox"/> Assisted Living Facility</td> <td><input type="checkbox"/> Hospice</td> </tr> <tr> <td><input type="checkbox"/> Family Child Care Home/Group Home</td> <td><input type="checkbox"/> Skilled Nursing Facility</td> <td><input type="checkbox"/> Hospital: LTAC or Swing Bed</td> </tr> <tr> <td><input type="checkbox"/> Child Placement Service (Adoptive/ Foster Care)</td> <td><input type="checkbox"/> Nursing Facility</td> <td><input type="checkbox"/> Other Long Term Care Provider</td> </tr> <tr> <td><input type="checkbox"/> Children's Home/Residential Facility</td> <td><input type="checkbox"/> Residential Care Facility</td> <td><input type="checkbox"/> General Hospital</td> </tr> <tr> <td><input type="checkbox"/> State or Local Government Agency</td> <td><input type="checkbox"/> Intermediate Care Facility</td> <td><input type="checkbox"/> Mental Health/Psychiatric Hospital</td> </tr> <tr> <td><input type="checkbox"/> School: K – 12</td> <td><input type="checkbox"/> Intermediate Care Facility/MR</td> <td><input type="checkbox"/> Other Mental Health Care Provider</td> </tr> <tr> <td><input type="checkbox"/> School: College/Technical/University</td> <td><input type="checkbox"/> Personal Care: CDS/CIL</td> <td><input type="checkbox"/> Other Health Care Provider</td> </tr> <tr> <td><input type="checkbox"/> Non-Emergency Medical Transport</td> <td><input type="checkbox"/> Personal Care: In-Home Svcs.</td> <td><input type="checkbox"/> Other (Please list): _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Personal Care: HCY/PDW/DDD/Oth.</td> <td></td> </tr> </table>					<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.	
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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.**