Background Screening Application (BSA) Self-Administered Services (SAS)



A Tutorial please print application and follow along http://www.dspd.utah.gov



PURPOSE OF TUTORIAL

- 1. Assist in completing the application process
- 2. Help avoid common mistakes that can lead to the suspension of payments
- 3. Where to get answers to questions regarding the background screening application



WHO MUST COMPLETE A BACKGROUND SCREENING APPLICATION

- Potential employees who's employers are using the SAS model
- Relatives of consumers



WHAT DOES THE BSA ACCOMPLISH

- Checks for disqualifying criminal history
- Helps to insure the safety of DSPD clients
- Eliminates non-qualifying job applicants



BACKGROUND SCREENING APPLICATION

- In this tutorial the application has been divided into color coded sections
- We'll go through each section individually

Let's begin!



	lah-DHS-OL Iy 2010	Office of Licens	sing, Divi	partment of Huma ision of Services f	or People with	Disabilities		
		S	AS Back	ground Screening	Application			
			APPL	ICANT INSTRUCT	ONS			
_	COPIED AND FAXED FORM							
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City	,State,Zip					Daytime Phone		
_			BAC	KGROUND QUEST	ONS	()	-	
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6	to a criminal background check in the past 5 years. If you answe be subject to a criminal backgro	er "Yes" to question 6,	your back	ground check <u>will</u> be f	transferable acros	ss multiple employers a	and you will	
au	the past 5 years. thorize the Utah Department of	Human Services, Off	fice of Lice	ensing, to investigate	my past and pr	esent child and adult	abuse, negle	ect and
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App	licant Signature		T	Date	Name and Cl	ent ID # of the person	receiving sen	VICE6
		******AGENCY/	LICENSE	D PROGRAM REQU	EST AND RELEA	SE*****		
	ne of Agency, Licensee or DHS Lic ress:	city:		State:	Zip Code:	Phone m	umber:	
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to b	e identical to the original. I have re-	viewed this completed a	application a	and it contains no misro	epresentation or fa	dification to the best of	my knowledge	<u>e.</u>
Signa	ature of Authorized Agency or Program			Printed Nam	ne of Authorized Age	ency or Program Represen	tative or DHS L	lænsor
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CONSUMER INFOR	MATION
Name of the 1 [*] person receiving services	Client ID# of the person receiving services
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Person to contact if there is a problem with this application	Daytime Phone () –
If you work for more than one consumer and/or provider agency and y and provider agencies please list additional consumers and provider a ADDITIONAL EMPLOYEE INFORMATION NEEDED FOR TRA	agencies that you work for below
2 ^{re} Consumer and Client ID # OR Provider Agency Name	
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4 [®] Consumer and Client ID # OR Provider Agency Name	
5 th Consumer and Client ID # OR Provider Agency Name	

ADDITIONAL INSTRUCTIONS FOR OUT-OF- STATE AND COUNTRY

Fingerprint card for out-of-state:

2

New Applicant

- · Applicants that require a fingerprint card will need to have them completed at a police station or sheriff station.
- Applicants may also go to one of the approved Office of Licensing's "Live Scan" location for electronic fingerprinting.

Be sure to bring the following items with you to the "Live Scan" location; application, prior approval for billing, copy of applicant's driver's license and social security card.

Renewal- If "Live Scan" or fingerprint cards were submitted with your previous background application and you have not left the State of Utah for (6) or more consecutive weeks since that submission, it is not necessary to resubmit live scan or fingerprint cards. Please indicate on the application that the forms are already on file. If you have left the State of Utah for (6) or more consecutive weeks since your last submission, new fingerprint card information is needed.

Documentation for out-of-country residency:

New Applicant

An applicant who has lived outside of the United States (including Puerto Rico, American Samoa, U.S. Virgin Islands and Guam) within the last five years for more than six (8) consecutive weeks will need to attach one of the following:

- A criminal background check from each of the countries they have lived in. (Contact that country's embassy in Washington D.C. for instructions on how to obtain a criminal background check from that country.)
- · If the applicant was serving in the U.S. military or in a full-time ecclesiastical service they can attach the following instead of the

If use approximate report from the country. -An original letter or certificate from the U.S. military or full-time ecclesiastical foundation stating that they were released without any criminal history. The letter will also need to include dates of service and area in which they lived. If applicant wants to without any criminal history. The letter will also need to include dates of service and area in which they lived. If applicant wants to a service and area in which they lived. If applicant wants to a service and area in which they lived. If applicant wants to a service and area in which they lived. If applicant wants to a service and area in which they lived. If applicant wants to a service and a keep the original letter of release or certificate they will need to take the original document along with a copy of the document to a notary public officer to be notarized. Then attach the notarized copy to the application. The applicant can also bring the original letter of release or certificate to the Office of Licensing located at 195 N 1950 W in Salt Lake City, Utah to be validated. This does not apply if the applicant is the grandfather, grandmother, uncle, aunt, sibling, or child of the person receiving direct services.

Renewal- If out-of-country documentation was submitted with the previous application, please attach supporting documentation

Mail complete applications and contact the appropriate fiscal agent for questions.

ACUMEN	LEONARD CONSULTING, LLC 1059 E 900 S	MORNING STAR PO BOX 9323
CITY UT ZIP	SLC UT 84105	SLC UT 84109
888-221-7014	801-359-4698	888-657-0874

PAGE 2 OF 2



COLOR CODE KEY

- <u>Applicant Instructions</u>- Items to know for filling out the application.
- <u>Applicant Request and Release</u>- Identifying information that is used to investigate the applicants past history.
- <u>Background Questions</u>- Allows the applicant to disclose past history and out-of-state and country history. If there is past history additional paperwork is required.
- <u>Agency/Licensed Program Request and Release</u>- The Divisions approval of a complete application.
- <u>Consumer Information</u>- Information needed to link applicant to the consumer.
- <u>Additional Information needed for transferable BSA- If</u> applicant is working for more than one consumer and/or provider agency and would like to have their approval transfer they will need to list them in this area.
- <u>Additional Instructions-</u> These have been added for those employees that have lived out-of-state and/or country.



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City	State,Zip				Daytime Phone ()	-	
			BACKGROUND QUE	STIONS			
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Signa	ture of Authorized Agency or Pro			Name of Authorized Agen			
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CONSUMER INFOR	MATION
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APPLICANT INSTRUCTIONS

Utah-DHS-OL July 2010 Utah Department of Human Services, Office of Licensing, Division of Services for People with Disabilities SAS Background Screening Application

APPLICANT INSTRUCTIONS

COPIED AND FAXED FORMS WILL NOT BE ACCEPTED IT MUST BE THE ORIGINAL APPLICATION SIGNED BY THE EMPLOYEE This section is to be completed by the applicant. Incomplete/illegible applications will be returned. Incomplete means missing any information. Illegible means unreadable. Applications submitted without a copy of a social security card and a copy of a current valid drivers license or state identification card issued by the Division of Motor Vehicles will be returned. Please use colored ink (no black or light pastel colors)



APPLICANT REQUEST AND RELEASE

	APPLICANT REQUEST AND RELEASE	
Legal First Name	Legal Middle Name (If no middle name, write NA)	Legal Last Name
List any other names ever used including nicknames,	aliases, maiden, prior married, etc.	Social Security Number
Current Address		Birth Date / /
City,State,Zip		Daytime Phone () –



BACKGROUND QUESTIONS

BACKGROUND QUESTIONS

1	Have you ever been charged with a crime by any law enforcement at law that is punishable upon conviction; any misdemeanor or felony infract you pled guilty or not guilty, entered a plea in abeyance or a diversion pro a crime, please attach a certified court docket or other certified record (av each charge or offense, or the status of each plea in abeyance or diversio Office of Licensing for background screening, please use the space below	tion. Please disclose all crimin ogram, or if you are waiting to vailable from the court that har on agreement. If you previousl	nal offenses even if it was later dismissed, enter a plea. If you have been charged with ndled your case) indicating the disposition of ly submitted the certified court record to the	Yes	No
2	Have you ever been investigated for child or adult abuse, neglect or If yes , please attach your written explanation of the investigation including if known).	•	ded. Provide Location (and the case number	Yes	No
3	In the last five years have you lived or spent six (6) or more consecutive of the state separately and submit a fingerprint card that has been see back for further instructions/renewals.	en rolled by your local sheriff	or police station.	Yes	No
	State: FROM month/year:	TO month/yea	ar:		
4	In the last five years have you lived or spent six (6) or more consecutives of the second of the second sec	of background check from that	country.	Yes	No
5	Are you the grandfather, grandmother, uncle, aunt, sibling, or child	of the person to be served?		Yes	No
6	If you answered, "Yes" to question 5 above, do you want a transfera If you answer "No" on question 6, your check <u>will not</u> be transferable acro check or asked to provide fingerprint cards even if you have lived out of L "Yes" to question 6, your check <u>will</u> be transferable across multiple emplo provide fingerprint cards if you lived out of Utah for 6 or more consecutive	oss multiple employers and you Jtah for 6 or more consecutive oyers and you <u>will</u> be subject to	weeks in the past 5 years. If you answer	Yes NA	No
enfo auti of F true	thorize the Utah Department of Human Services, Office of Licensing, to inv procement, driver's license and any and all information which may be pertine norize the release of any and all information to the Office of Licensing. I rele luman Services furnishing such information to authorized agencies. I certify and complete to the best of my knowledge. I understand that providing the kground screening being delayed or denied.	ent to my application according ease the Department of Huma y that my answers contain no r	to Utah Code 62A-2-120, 121, 122, and Rule n Services from any damages resulting from the misrepresentation or falsification, and that the ir	501-14. e Departi nformatio	I ment on is
Арр	licant Signature	Date	Name and Client ID # of the person receiving	services	s 📢

AGENCY/LICENSED PROGRAM REQUEST AND RELEASE

******AGENCY/LICENSED PROGRAM REQUEST AND RELEASE******

Name of Agency, Licensee or DHS Licensor: Division of Services for People with Disabilities

Address: 195 W 1950 W City: Salt Lake City State: Utah Zip Code: 84116 Phone number: (801) 538-4157

Does the applicant provide foster/proctor care services?

I certify that I have inspected a copy of the applicant's state driver's license or state identification card, it does not appear to have been forged or altered, and it appears to be identical to the original. I have reviewed this completed application and it contains no misrepresentation or falsification to the best of my knowledge.

Signature of Authorized Agency or Program Representative or DHS Licensor

CATHY DAVIS, DSPD Background Screening Technician

ensor Printed Name of Authorized Agency or Program Representative or DHS Licensor

DO NOT WRITE OR MARK BELOW. THIS SPACE IS FOR CBS USE ONLY. STAMPS BELOW DESIGNATE APPROVAL

LIVE SCAN DATE	62A-2-120	LIC-C	MIS-S	DATE STAMP
/ / <u>BILLING CODE</u>				
TECHNICIAN SIGNATURE				

SEE BACK FOR FURTHER INSTRUCTIONS PAGE 1 OF 2

CONSUMER INFORMATION

CONSUMER I	NFORMATION
Name of the person receiving services	Client ID# of the person receiving services
Current Address	Phone number of the person receiving services () -
City, State, Zip	Fiscal Agent (Check One) Morning Star Acumen Leonard Consulting
Person to contact if there is a problem with this application	Daytime Phone () -



ADDITIONAL INFORMATION NEEDED FOR TRANSFERABLE BSA

|--|

2nd Consumer and client # OR Provider Agency Name

3rd Consumer and client # OR Provider Agency Name

4th Consumer and client # OR Provider Agency Name

5th Consumer and client # OR Provider Agency Name



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Renewal- If out-of-country documentation was submitted with the previous application, please attach supporting documentation.

IF YOU STILL HAVE QUESTIONS AND WHERE TO SEND THE BSA

Mail complete applications and contact the appropriate fiscal agent for guestions.

ACUMEN PO BOX 539 OREM UT 84059 888-221-7014

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MORNING STAR PO BOX 9323 SLC UT 84109 888-657-0874

