



IDENTIFYING INFORMATION

NAME (LAST, FIRST, MI)		BUSINESS NAME (AS SHOWN ON MOA)	
SOCIAL SECURITY NUMBER	BUSINESS MAILING ADDRESS (AS SHOWN ON MOA)		
DATE OF BIRTH	CITY/STATE/ZIP		
OFFICE TELEPHONE	OFFICE FAX	E-MAIL ADDRESS	

TYPE OF ACCESS REQUEST

INITIAL/NEW
 ADDITIONAL ACCESS NEEDED (EXPLAIN IN COMMENTS)
 CHANGE NEEDED (EXPLAIN IN COMMENTS)

COMMENTS

SECURITY STATEMENT AGREEMENT

I, the undersigned, an employee of a business that has entered into a Memorandum of Agreement (MOA) with the Department of Health and Senior Services, understand that approval and assignment of the requested access or approval of the requested change enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension, (2) civil court, and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone and will not allow another person use my login credentials.

USER SIGNATURE	DATE
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Send a completed and signed form for each employee who will have online background screening access to the Family Care Safety Registry by **one** of the following methods:

- **Mail to:** Missouri Department of Health and Senior Services, Family Care Safety Registry
PO Box 570, Jefferson City, MO 65102
- **Fax to:** (573) 522-6981
- **Email as a scanned attachment to:** fcsr@health.mo.gov