

PLEASE SUBMIT TO EDL@HEALTH.MO.GOV

						AGENCY USE			
STATE OF MISSOURI CAREGIVER BACKGROUND SCREENING					ļ				
LOCK I - TO BE COMPLET			and the same					W192 - K. 1921	
ECTION A: TYPE OF SCRE	ENING (Check as	many as applicat	ole)	Transport					
1. Child Abuse or Neglect File 2. Family Foster Care Licensin 3. Department of Health and S Disqualification List (No cha	ng (No charge) Senior Services Empk	5. Chi	id Day Car	Mental Health E Licensing (N Background C	lo charg	e)	(No charge) Registry - Name S	Search (\$14.00)	
ECTION B: REQUESTOR IN			100						
Responses generated as a re-	sult of this form ar	re confidential. Any	person di	sclosing the	informa	tion in violat	tion of 43.540, 5	89.400 RSM	
and/or 210.150 RSMo. is guilty	y of a class A misd	demeanor.				DEC E 0 T 0 D 0 T			
EQUESTOR'S NAME						REQUESTOR'ST	ELEPHONE		
QUESTOR'S ADDRESS		ату	ατγ			STATE	ZIP CODE		
SIGNATURE OF REQUESTOR (REQUIRED		1			DATE				
BLOCK II - TO BE COMPLET BECTION C: IDENTIFYING D AREGIVER NAME(LAST, FIRST, MI JR, S	ATA FOR BACK		ING	o artika kereja	H. K. Jan	SOCIAL SECURIT	Y NUMBER		
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MAIDEN NAME DATE OF BIRTH (MMDDYY) STATE OF BIR ALIAS NAME(S) **ADDRESSES FOR THE LAST 3 YEARS** STATE STREET STREET SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION The information provided is complete and accurate to the best of my knowledge. I understand it is form. I grant my permission to obtain any and all information needed to process this request, to make information as permitted by law. SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK) SECTION E: NOTARY INFORMATION (Required for screening type 1. See Section A NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL SUBSCRIBED AND SWORN BEFORE ME. THIS MY COMMISSION NOTARY PUBLIC SIGNATURE NOTARY PUBLIC NAME (TYPED OR PRINTED) BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW MO 300-1590 (5-2020)

ATTN (REQUESTOR'S NAME)

ADDRESS 2 (IF APPLICABLE) CITY, STATE, ZIP CODE

REQUESTOR'S EMAIL ADDRESS

ADDRESS 1

MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

- 1. Child abuse/neglect records, maintained by the Department of Social Services (573) 526-1438
- 2. Family Foster Care Licensing records, maintained by the Department of Social Services (573) 526-1438
- 3. The Employee Disqualification List, maintained by the Health and Senior Services (573) 522-1119
- The Disqualified Registry, maintained by the Department of Mental Health (573) 751-4991
- Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
- State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

- 1. Once completed, send the form to the appropriate address below.
- If you have a question about a particular response, please call the agency that sent you the response at the phone number above.

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

BLOCK I (To be completed by the requestor, or person obtaining information)

Section A: Type of Screening

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for \$14 payable to the Missouri State Highway Patrol. In addition, screenings for option 1, the child abuse or neglect file, require a notary public to witness the caregiver's signed authorization to release information (See Section D and E). All other screenings are considered open information under state statute and do not require a notary's verification.

Section B: Requestor's Information

The requestor must complete Section B.

BLOCK II (To be completed by the caregiver, or person being screened)

Section C: Identifying Data for Background Screening

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

Section D: Authorization to Release Background Check Information

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screening 1 is selected.

Section E: Notary Information

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

BLOCK III (To be completed by the requestor, or person obtaining information)

The requestor must complete Block III by providing return address information.

Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.

SCREENINGS 1, 2, 3, 5 AND 6 SHOULD BE SENT TO:

SCREENING 4 SHOULD BE SENT TO:

Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson City, MO 65102

Department of Mental Health
Central Office
1706 East Elm
Jefferson City, MO 65101
or email to: caregiver.backgroundscreening@dmh.mo.gov