

Criminal History Background Verification Acknowledgement

Employer of Record

I (name of sponsoring person/employer of record) _____ am responsible for employees that I hire under the Department of Developmental Services' HCBS waivers.

DDS, through its fiscal intermediary agent (name of fiscal intermediary) _____, has conducted a criminal history background and driver's license check for (name of employee) _____, the individual I wish to hire. DDS or its agent, (name of fiscal intermediary) _____, has obtained the following information about the individual as a result of these background checks, which is attached to this form.

I am requesting to review the conviction history of the person who I am considering to hire as an employee to provide support to (name of consumer) _____ with a DDS administrator. I can be reached by phone at:

Daytime Phone # _____ Cell Phone # _____

Department of Developmental Services Review

- I have reviewed the criminal conviction record and have verified that the record includes a criminal offense in the list of offenses for which DDS will not authorize payment.
- I have reviewed the candidate's conviction record and verified that the record does not include a prohibited offense but does contain other criminal offenses. I reviewed the criminal offenses in the conviction record against all of the employability factors with the employer (name) _____, on (date) _____.

DDS Director of Human Resources or Designee Name

DDS Director of Human Resources or Designee Signature

_____/_____/_____
Date

Employer of Record

I have reviewed the criminal conviction record of (employee name) _____ against the employability factors with a DDS administrator and I am satisfied that the issues raised as a result of the criminal history background check and/or driver's license check have been addressed. It is my decision to hire the individual.

Employer of Record Name

Employer of Record Signature

_____/_____/_____
Date