

### Criminal Conviction History and Registry Checks

Applicant is a person being considered as a service provider (employee or independent contractor [when required]); **or** a person being considered for appointment as a designated representative (DR).

**Section I – Applicant Authorization/Acknowledgment** (Applicant must complete this section.)

I, (applicant's printed name) \_\_\_\_\_, give my permission to check for a criminal conviction history and to check the required registries as part of my application as a service provider or a DR through the Consumer Directed Services (CDS) option. I also understand that a criminal conviction or a registry listing that prohibits a person from employment in a health care setting in the state of Texas may prohibit my employment or my appointment as a DR.

I understand that I may not be designated as a DR or provide services for payment until the required criminal history and registry checks are conducted, the employer and Consumer Directed Services Agency (CDSA) review the results and determine that I can be designed as a DR or paid for services, and this form is signed by the CDSA.

\_\_\_\_\_  
Signature – Applicant Date

**Applicant Information Required by the Texas Department of Public Safety (DPS)** (Applicant or DR must print.)

Applicant Name (Last, First, Middle)	
Alias	Maiden Name
Date of Birth (mm/dd/yyyy)	Social Security No.

**Section II – Criminal Conviction History Check and Registry Verification Process** (Employer must complete this section.)

Consumer Name	Employer Name
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**Criminal Conviction History Check (Check one)**

- The applicant will provide a **current** Criminal Conviction History Check from DPS.
- I will obtain a **current** Criminal Conviction History Check of the applicant from the DPS public website. I will submit the receipt to my CDSA for reimbursement from my budgeted CDS funds.
- I request that my CDSA obtain a **current** Criminal Conviction History Check of the applicant from DPS. I also authorize the CDSA to be reimbursed for the cost of obtaining the DPS Criminal Conviction History Check from my budgeted funds.

**Registry Check**

- I will obtain the applicant's status with the Employee Misconduct Registry and Nurse Aide Registry initially and annually.
- I request that my CDSA obtain the applicant's status with the Employee Misconduct Registry and the Nurse Aide Registry initially and annually.
- I understand that the CDSA will screen the applicant initially and monthly using both the state and federal lists of excluded individuals and entities (LEIE).

**Certification:** I understand that all criminal records and reports obtained by my CDSA, and the information they contain are confidential information. All DPS Criminal Conviction History information must be kept in a secure location, separate from all other CDS forms. I understand that sharing of criminal history information with any person or agency may be prosecuted as a Class A Misdemeanor.

I also understand that the applicant cannot provide services for payment or serve as DR until the criminal history and registry checks are completed and my CDSA has notified me that the applicant meets qualifications.

\_\_\_\_\_  
Signature – Employer Date

**Section III – Criminal Conviction History and Registry Check Results**

The person who conducted the check:  Employer  CDSA Representative

**DPS Criminal Conviction Criminal History Check**

All DPS Criminal Conviction History information must be kept in a secure location, separate from all other CDS forms.

Date of DPS Check	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Obtained By
Convictions: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the conviction(s) prohibit service delivery or serving as a DR in compliance with Health and Safety Code Chapter 250 or other eligibility requirements?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Registry Checks (Call 1-800-452-3934)**

Date of Registry Checks	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Obtained By <input type="checkbox"/> Employer <input type="checkbox"/> CDSA Representative
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**Employee Misconduct Registry:**  No Record  Record (must not be hired, retained or appointed)

**Nurse Aide Registry:**  No Record  Record (must not be hired, retained or appointed)

**Medicaid Exclusion List:**  No Record  Record (must not be hired)

**Certification** – I acknowledge that the applicant’s DPS criminal conviction history and registry record were checked. The employer and the CDSA have each been notified of the results of each check.

The applicant  **is**  **is not** eligible for hire, to be retained for service delivery or appointed as a DR based on the checks above.

Signature – CDSA Representative	Date
Signature – Employer	Date