

CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF INSPECTOR GENERAL

Kentucky Applicant Registry and Employment Screening (KARES) Program
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Web site: <http://chfs.ky.gov/os/oig/KARES>

Helpdesk email: KARES.Helpdesk@ky.gov

CONSENT AND RELEASE FORM

STATE AND NATIONAL BACKGROUND CHECK

A SIGNED COPY OF THIS FORM

MUST BE KEPT IN THE HUMAN RESOURCES FILE OF THE EMPLOYER

PURSUANT TO 906 KAR 1:190 SECTIONS 4 AND 6 CLEARANCE FOR EMPLOYMENT WITH A LONG-TERM CARE FACILITY OR EMPLOYER PARTICIPATING IN THE KARES PROGRAM CANNOT BE ISSUED WITHOUT THE COMPLETION OF THIS FORM.

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A STATE AND NATIONAL BACKGROUND CHECK, PLEASE TYPE OR PRINT CLEARLY:

Applicant's Last Name:		Applicants First and Middle Names:	
Maiden Name:	Social Security Number:	Date of Birth:	Male or Female:
Current Mailing Address Line One:		Current Mailing Address Line Two:	
City:	State:	Zip Code:	

Prior to employment with a long-term care facility or employer participating in the KARES Program, a prospective employee shall consent to a State and National background check, which shall consist of a: (1) check of required abuse registries; (2) check of licensing board data, if applicable, to validate licensure status; and (3) fingerprint-supported State and FBI criminal background check.

1. If cleared upon a check of required abuse registries and licensing board data, a prospective employee shall submit to a fingerprint-supported criminal history check and may be offered provisional employment upon submitting to the fingerprint scan.
2. Fingerprint images of the prospective employee will be used to determine if the individual has any criminal history information on file with the Federal Bureau of Investigation (FBI) and Kentucky's Criminal History Repository(s).
3. All information provided to the KARES Program, Office of Inspector General (OIG), Cabinet for Health and Family Services, shall be kept confidential and will comply with applicable laws and regulations.
4. The OIG will submit a request to the appropriate court system for any missing criminal charge disposition related to a disqualifying offense. If a response is not provided to the OIG's request for final disposition within 60 days of fingerprint submission, the applicant shall not be eligible to hire.

Further, the applicant will be responsible for securing his or her final disposition information if the OIG's attempts to secure the information are not successful.

I hereby consent to a State and National background check pursuant to KRS 17.185 and 42 U.S.C. 1320a-7l. I understand that the Kentucky State Police (KSP) will provide the OIG with any record I may have for a felony, misdemeanor, or violation conviction found in the files of the Kentucky Central Repository. I understand and know that KSP will forward my fingerprint submission to the FBI to conduct a National criminal history check, and that the results of the check will be provided to the OIG.

I authorize the KSP and FBI to release criminal history information to KARES staff in the OIG to determine the eligibility of my employment with a long-term care facility or other employer participating in KARES pursuant to 906 KAR 1:190.

I understand I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and its employees from any claim for damages arising from the dissemination of inaccurate information. I also release the OIG and its employees from any liability or damages resulting from its determination of my eligibility for employment with a long-term care facility or employer participating in the KARES program.

I authorize the OIG to recheck the required abuse registries; licensing board data, if applicable, to validate licensure status; and fingerprint-supported or name-based State and FBI criminal background check pursuant to 906 KAR 1:190 annually.

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form.

Agency or Facility Name:	Address of Agency or Facility:	
Applicant's Signature:		Date:
Witness Signature:	Title:	Date: