



# PRIVATE HEALTHCARE WORKER ONLY

*PAYMENT REQUIRED BY PRIVATE HEALTH WORKERS*

## CRIMINAL HISTORY RECORD REQUEST FORM

I have, as required by law, provided any and all information necessary for an employer to obtain a report of my entire State criminal history record and a report of my entire Federal criminal history record. **I hereby grant a full release for the employer to request and obtain any records or information contained on my criminal history record.** I understand that DHSS may use the Criminal Justice Information System to obtain current computerized criminal history records. I also understand that my failure to disclose any information involving my criminal background may be grounds for immediate termination. I also understand that information acquired through this process will be used to determine my suitability for employment. I further understand that any employment prior to the receipt of the criminal history record review is conditional and that such conditional employment is limited to two (2) months. Any individual who either fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record shall be subject to a civil penalty of not less than \$1,000 nor more than \$5,000 for each violation. **I release Delaware Health and Social Services (DHSS) from any liability for the release of information concerning my background to employers.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*\*A parent must sign this form if the applicant is a minor. Parent Signature \_\_\_\_\_ Relationship \_\_\_\_\_

### I. Applicant Information

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Also Known As, Maiden Name, Previous Married Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

\*\*Have you ever been convicted of a crime? [ ] Yes [ ] No If Yes, explain: \_\_\_\_\_

**\*\*TO THE EMPLOYER: please see note on back if the response to this question is yes.**

Have you been fingerprinted in the past 5 years for a criminal history record to work in a nursing home, or similar facility pursuant to 16 Del Code Sect. 1141? (Effective 03/31/99) or home health agency pursuant to 16 Del Code Sect. 1145? (Effective 07/01/01) [ ] Yes [ ] No **If yes, when and for whom?** \_\_\_\_\_

License No. \_\_\_\_\_

Position Applied For: \_\_\_\_\_ If RN, LPN or CNA; Certificate No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### II Employer Information

Anticipated Date of Hire of Applicant \_\_\_\_\_

Category of Care: (Check only one)

**\*\* The applicant is required to submit payment directly to the Delaware State Police via certified check, money order or credit card at the SBI Site if obtaining their own criminal history as a Private Health Worker\*\*.**

\_\_\_\_ Private Home Owner (\*PAYMENT REQUIRED by Private Health Worker\*)

NAME OF PRIVATE HOME OWNER OR WORKER: \_\_\_\_\_

ADDRESS WHERE CARE IS PROVIDED AND PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**NOTE: FBI information will be provided to the employer upon receipt except that pending dispositions may create a delay.**  
\*\*\*\*\*

### STATE POLICE USE ONLY

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail Reply to: Division of Long Term Care Residents Protection \_\_\_\_\_ No arrest or conviction data  
Criminal Background Check Unit in State file.  
Attn: Ken Thompson  
3 Mill Road, Suite 308  
Wilmington, DE 19806-2164 \_\_\_\_\_ Arrest/ conviction data from  
State file (see attached information)



## PRIVATE HEALTHCARE WORKER ONLY

PAYMENT REQUIRED BY PRIVATE HEALTH WORKERS

To Whom It May Concern:

Title 16, Chapter 11, Subchapter III, Sections 1141 and 1145 of the Delaware Code requires the Department of Health and Social Services (DHSS) to complete criminal background checks on persons applying for a position in a nursing home or home health agency licensed pursuant to 16 Del. C. Ch.11, that affords access to patients or individuals receiving care at such a facility or private home, or a person applying for a license to operate such a facility or business. To assist DHSS in the implementation of this law, we are requiring that persons applying to such facilities on or after January 1, 1999, or home health agencies on or after July 1, 2001 sign this release allowing the State Police to:

- proceed with fingerprinting
- complete a check of state criminal history through the State Bureau of Identification (SBI) and the Federal Bureau of Investigation (FBI)
- Title 16, Chapter 11, Subchapter III, Sections 1142 & 1146 of the Delaware Code requires employers to send all individuals defined above for mandatory drug testing. Employers are to send the applicants for drug testing.

In addition, to facilitate DHSS compliance with this law, we are requiring that persons applying to such facilities on or after January 1, 1999, or home health agencies on or after July 1, 2001 sign this release allowing DHSS to:

- review any other criminal justice information system criminal history or court records that will assist DHSS in determining disqualifying factors for employment.

The purpose of this form is to notify DHSS of the conditional hire and fingerprinting of applicants. This form will be the authorization you will need to take with you to a designated State Police location to be fingerprinted. SBI will send a certified copy to the Criminal Background Unit. Another copy will be returned to the private contract worker. **Homeowners will not receive a copy of the criminal history record from SBI.**

DHSS and the employer, **to determine an applicant's suitability for work**, will use the information resulting from the background check.

**WHAT TO DO IF THE APPLICANT HAS BEEN FINGERPRINTED IN THE PAST FIVE YEARS PURSUANT TO 16 DELAWARE CODE SECTIONS 1141 or 1145**

*Please highlight the response to the question marked with two (2) asterisks on the first side of this form and forward the form to the address listed below.*

For more information on the criminal background check law please contact:

**Division of Long Term Care Residents Protection  
Criminal Background Check Unit  
Attention: Ken Thompson, Investigative Administrator  
3 Mill Road, Suite 308  
Wilmington, DE 19806-2164**