DHS
Oregon Department of Human Services
Administrative Services
Office of Human Resources
Background Check Unit

Background Check Request
Confidential

301 CP

Section 1: Completed by CP

1. Name of CP, qualified entity and mailing address *(Type or print clearly):*
Heidi J. Frederick
Catholic Community Services
P.O. Box 20400 - Keizer, OR 97307

2. CP phone: 503-362-2225 x-311

3. SI start date:
☐ Recheck—same QE, same position, required by program rules

4. SI job title: Treatment Foster Parent

5. Contact with: ☒ Children ☒ Adults ☐ Seniors

6. Do the duties include driving? ☒ Yes ☐ No

7. DHS program area *(check all that apply):*

- ☐ Developmental disability
- ☐ Child Welfare
- ☒ Private license child caring
- ☒ Adam Walsh
- ☒ Mental health
- ☐ Senior AAA
- ☐ Senior branches
- ☐ Senior facilities
- ☐ Vocational rehabilitation
- ☐ Lifespan respite

Description of duties: Duties include supervision and direct care for at-risk, delinquent and/or dependent youth, ages 8-18, male or female. TFPs provide direct care for one or more youth. TFPs work with a Consultant to support the youths' Service Plans.

Contact with:
☐ residential facility residents ☐ adult foster home residents
☒ recipients of home health or in-home care agency services

Worksite and address:
TFP Home as well as Catholic Community Services office at 2933 Center Street NE in Salem, Oregon.

Section 2: Completed by CP —— Preliminary review

8. Name of subject individual *(last, first, middle):* | DOB *(mm/dd/yy):* | Social Security number or INS number *(voluntary)*:

9. ID(s) checked: | **QE staff signature:** | **Date:**

10. Fingerprints required? ☐ No ☐ Yes *(If yes, check all reasons below that apply **and** send fingerprints with 301)*

☐ Residency ☐ Identity ☐ Disclosed out-of-state driver license ☐ Disclosed out-of-state history ☐ Adam Walsh

Complete 11 or 12

11. ☒ No potentially disqualifying history disclosed — Hired on preliminary basis granted: ☐ Yes ☐ No

CP signature: **Date:**

12. ☐ Potentially disqualifying history disclosed. **CP not allowed to hire on a preliminary basis.** BCU makes final fitness determination.

CP signature: **Date:**

Section 3: Background check information *(completed by BCU)*

13.
☐ No potentially disqualifying criminal history
☐ Potentially disqualifying criminal history
☐ No APS/CPS (CW, PLA, AW only)
☐ APS/CPS exists (CW, PLA, AW only)

LEDS:	Reviewer:
Date:	Date:

Section 4: Final fitness determination *(completed by BCU)*

14. ☐ Approved ☐ Approved with restrictions _____
☐ Denied ☐ Case closed

Signature: _____ **Date:** _____

Section 5: Completed by subject individual

15. Name of subject individual *(last, first, middle):*	**16.** Date of birth:	**17.** Sex: ☐ **M** ☐ **F**	**18.** Social Security or INS Number *(voluntary):*
19. Maiden name, other names used:		**20** Driver's license or ID card Number: State:	

21. Mailing address:	**22.** Home or message phone:		
Street: **Apt:**	**23**. During the past **5** years, have you been outside Oregon 60 days or more in a row? ☐ No ☐ Yes If yes, list where and when in the space below.		
City:			
State: **ZIP:**	**City/state/country:**	**From** *(month/yr)**:***	**Until** *(month/yr)**:***
24. Street address *(if different than mailing address):*			
Street: **Apt:**			
City:			
State: **ZIP:**			

25. Have you ever been charged, arrested and/or convicted of a crime? ☐ No ☐ Yes

If you answered yes, list **all charges, arrests and convictions *(adult and juvenil*e) and the outcome regardless of how long ago.** Please attach additional pages if needed.

Date *(or estimate):*	**Charge, arrest or conviction:**	**County:**	**State:**	**Outcome:**
1				
2				
3				
4				
5				

26. Provide information regarding all arrests charges, and convictions. *(See "questions to answer" in instructions; add pages as needed.)*

I have read and understand the instructions for completing this form. I understand that a criminal records check will be completed on me. I understand that if I am applying for a private licensed agency, Child Welfare or Adam Walsh position, an abuse check will be completed on me. My signature authorizes the Department of Human Services (DHS) to request and receive any police or investigation reports needed to complete this background check. The information may be shared with the person listed in box 1. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the check may be repeated during the time I hold this position.

27. Signature:	**28.** Date:

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Background Check Request Instructions for Subject Individual

301 CP

Read all the instructions before completing the form.

You, the subject of the criminal records check, are the subject individual (SI). The authorized designee (AD) or contact person (CP) has received training from the Department of Human Services (DHS) for criminal records checks. The qualified entity (QE) may be your employer or local branch.

Section 1 through section 4: These sections will be completed by the QE or DHS.

Section 5: You, the subject individual, must complete section 5. Provide all requested information.

Listing your social security number (SSN) is optional. If you do not provide your SSN, fingerprints may be required. If you do not have an SSN but do have an INS number, write in your INS number. The department requests the SSN or INS number solely for the purpose of positively identifying you during the criminal records check process.

Disclose all criminal history: You must accurately and completely disclose **all** history requested, regardless of how long ago it happened *(adult and juvenile criminal history).* This includes **all** felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, your application may be closed. Serious traffic offenses such as Reckless Driving, Driving Under the Influence of Intoxicants (DUII) and Driving While Suspended (DWS) **must** be listed. Failure to Appear, even for a minor traffic violation **must** be listed. If you are not sure if something should be listed, you should list it. For each charge, arrest or conviction, include the date, location and the outcome.

If you have proof that an expunction judgment or set aside order has been issued by a judge regarding one or more arrest, charge, conviction, or adjudication, then you do not have to list it or you may attach copies of the judgment, or order. If you do not have proof of the arrest, charge, conviction or adjudication has been expunged or set aside, list it.

Violations. Minor traffic, moving and non-moving violations are **not** required to be listed.

Questions to answer: If you have criminal history *(or abuse history, if required to disclose),* the department will weigh several factors to decide if you are fit for the position for which you are applying. Respond to the following. Attach documentation to support your responses.

- What happened leading up to the arrest, charge, conviction or other history?
- List any requirements resulting from each arrest, charge or conviction or abuse finding.
- Describe any treatment, education and training **specifically related to your history**.
- How is your history relevant to your position?
- Explain how you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people.
- How has your life changed since your history?
- Any other information if you believe would be helpful in making a decision on this application.

After completing Section 5, return the form to the person listed in section 1, box 1.

Possible outcomes	
	Approved: An approved fitness determination does not guarantee employment. **Approved with Restrictions:** Based on the background check, you may be approved to work restricted to a client, specific work site or set of duties. This decision may be appealed. **Denial:** Based on the background check, you may be denied. If denied, you may not hold the position and must be terminated immediately. This decision may be appealed, but you may not hold the position during the appeal. **Case Closed:** If you do not provide a complete and accurate disclosure of your criminal history or you do not cooperate with this background check process, your application may be closed without a fitness determination. There are **no** appeal rights, but you may be able to reapply immediately. If closed, the department will provide you further information.

Authority: The Department of Human Services is authorized by state law, to complete criminal records and other background checks on SIs who work, volunteer, or live with individuals who are vulnerable to abuse or mistreatment (ORS 181.534 and 181.537; OAR 407-007-0200 to 407-007-0370). Vulnerable individuals include children, senior citizens, and individuals with physical disabilities, developmental disabilities, or mental illness. A check may be required even if you, the subject individual, do not have direct contact with vulnerable individuals.

Sources checked: The Department may check information from the Driver and Motor Vehicle Services Division; Department of Corrections; Oregon State Police; Federal Bureau of Investigation; and local, state and federal courts. DHS may use information from other criminal justice, corrections and law-enforcement agencies and other state and local government agencies. The Department may request your fingerprints for a national criminal records check. The Department or local authorized designee (AD) may check current and previous employers.

Challenging criminal information: If you want to obtain a copy of your record or challenge information in the record, you must contact the Oregon State Police, 503-378-3070, extension 330 *(OR criminal history);* or the Federal Bureau of Investigation for information, 304-625-3878 *(for national criminal history*). You may request a copy of the national FBI report from the Department. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find all of your complete criminal records.

Rechecks: This background check process may be repeated at any time while you work, reside or otherwise continue in this position.

Note for SIs in private licensed agency (PLA), Child Welfare (CW) or Adam Walsh (AW) positions: In addition to the criminal records check, the department shall conduct an abuse check on you. Child protective services reports that show behavior or conduct by you that would pose a risk to or jeopardize the safety of vulnerable individuals is potentially disqualifying. Contact the local Child Welfare office or the department's office of investigations and training regarding abuse checks.

If you have questions or need this form in large print or in a different format, contact your qualified entity (QE) listed in section 1, box 1.

Keep these instructions for your records.