

Attachment A
**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 agent (name of fiscal intermediary), has conducted a criminal history background and drivers license check for (name of employee), the individual I wish to hire. DDS or its agent, FI Name, has obtained the following information about the individual as a result of these background checks, which is attached to this form.

I am requesting that a DSS administrator review the conviction history of the applicant who I am considering hiring as an employee to provide support to (name of consumer). 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 HRD or Designee Name: _____ Date _____

DDS HRD 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 have satisfied myself that the issues that were raised as a result of the criminal history background check and/or drives license check have been addressed. It is my decision to hire the individual.

Employer of Record Name: _____

Employer of Record Signature: _____ Date: _____