

Submitted Date:

Initials:



Background Checks for:

Date:

For Client Supported (if applicable):

SC/IC:

You are seeking to be placed or are currently in a shared living home. DAIL guidelines require background checks be completed when an adult over the age of 18 lives in a shared living home where another vulnerable individual may reside. Additionally, a disclosure to caregivers of any history that could indicate dangerous behavior or "Peggy's Law Discloser" is required. We request background information and records from Vermont Criminal Information Center, (VCIC or other states), Adult Protective Services (APS), Department of Children and Families (DCF formerly SRS), Department of Motor Vehicles (DMV) and Office of the Inspector General (OIG) as part of the intake process and annually. By completing this requested Background check form, you consent for findings to become a part of your record at GMSS, and to be disclosed to caregivers in the Peggy's Law Disclosure.

There are times when this disclosure is also required to a guardian of another participant also residing in the home. If disclosure to anyone other than a caregiver is required, you give permission for this to occur with respect to privacy. This can be done on your behalf or by you, at your discretion.

Comments:

Potential Participant Signature: _____

Guardian Signature (If Applicable): _____

Human Resource Signature: _____

Service/Intake Coordinator: _____ **Client:** _____

**Support/Provider Compliance with State of Vermont
Agency of Human Services Background Check Policy**

I, _____ have reviewed the State of Vermont, Agency of Human Services Background Check Exclusions below and confirm that I do not have any convictions, substantiations or findings as outlined from this policy.

I understand that Green Mountain Support Services will conduct background checks for me now and on an annual basis.

Signature: _____ **Date:** _____

Check One: ☐ **Participant** ☐ **Natural Support** ☐ **Other:** _____

Funds administered by DAIL (including Medicaid) may not be used to employ, place or contract with a person who has:

A Substantiated record of abuse, neglect, or exploitation of a child or a vulnerable adult:

Been excluded from participation In Medicaid or Medicare services, programs, or facilitates by the federal Department of Health and Human Services" Office of the Inspector General:

A criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust, including, but not limited to:

Aggravated Assault

Sexual Assault

Domestic Assault

Aggravated Sexual Assault

Simple Assault

Assault and Robbery

Assault upon Law Enforcement

Hate Motivated Crime

Stalking

Aggravated Stalking

Kidnapping

Extortion

Cruelty to Children

Cruelty to Animals

Arson

Lewd and Lascivious Conduct

Drug-Related

Burglary

Embezzlement

Unlawful Restraint

DUI

Possession of Child Pornography

Abuse, Neglect or Exploitation of a Vulnerable Adult or Child

Larceny, including thefts and robbery

Homicide, including murder or manslaughter

Recklessly Endangering another Person while Driving

Frauds, including forgery



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND
Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth:
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases):
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases):
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

Green Mountain Support Services
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

FORM D

Green Mountain Support Services

CONSENT FOR RELEASE OF INFORMATION REQUEST FOR CRIMINAL RECORD CHECK

It is important to put your FULL LEGAL name

1. Employee or person living in the home of the employee:

 Last First Middle

2. Maiden or Alias names: _____

3. Social Security number: _____

4. Place of birth: _____
- City or Town State Country

5. Date of birth: _____
- Month Date Year

6. Telephone number: _____

RELEASE

I, _____ hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to Green Mountain Support Services for use in reviewing my suitability as an employee to consumers. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05871.

Signature of Employee: _____

(or person living in the home of the employee)

Date: _____



DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

NON DRIVER ☐
or NO VT license

Vermont DMV Record Request

120 State St
Montpelier, Vermont 05603-0001
802.828.2000

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds) to: Vermont Department of Motor Vehicles.

All requests must include proof of identification (i.e., copy of your state issued ID). For a driver record other than your own please also include documentation proving you are authorized to obtain the requested information. All requests not including required documentation will be returned.

Signature required on back of form.

Requester Name: Green Mountain Support Services		DBA/Company Name:	
Nature of Business:			
Mailing Address:	Street/Box Number: 93 James Road		
	City, State, Zip Code: Morrisville, VT 05661		
Mail to (if different than above):		PO Box 4409 White River Jct., VT 05001	
Telephone:	877-867-1918	Email:	

Documents Requested (select all that apply):

- | | |
|--|---|
| ☐ Listing of 1 - 4 current or expired registrations – \$8.00 | ☐ Periodic inspection sticker record – \$8.00 |
| ☐ Listing of 1 - 4 current or expired operator's license – \$8.00 | ☐ Certified copy of suspension notice – \$8.00 |
| ☐ Certified copy of current or original registration application – \$8.00 | ☐ Certified copy of reinstatement notice – \$8.00 |
| ☐ Certified copy of expired operator's license application – \$8.00 | ☐ Certified copy of title – \$6.00 |
| ☐ Certified copy individual accident report – \$12.00 | ☐ Certified copy of vehicle title search, title info, lien info. – \$22.00 |
| ☐ Certified copy police accident report – \$18.00 | ☐ Certified copy of vessel, snowmobile, or ATV title search – \$13.00 |
| ☐ Insurance information of accident – \$8.00 | ☐ Certified copy of 3-year operating record (Vermont only) – \$14.00 |
| ☐ Statistics and research – \$42.00 per hour | ☐ Certified copy of complete operating record (Vermont only) – \$20.00 |
| ☐ List of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered - \$8.00 per page) | |
| ☐ Other – Provide detailed explanation on reverse side. All other forms of information requested provided will be at a minimum of \$8.00 per page | |

Information requested concerning (complete as much information as possible):

VIN:		Vehicle Make:	Vehicle Year:	VT License Plate:	Expiration Date:	
Name:	VT Driver's License Number:		Date of Birth:	Social Security Number:		
Date(s) you want covered, if applicable. Does not apply to driving records.						
Month:	Day:	Year:	Through	Month:	Day:	Year:
Specific information requested:						
Detailed explanation of intended use (attach additional sheet if necessary):						

The information requested may be disclosed if authorized by the Driver Privacy Protection Act. Information being requested is **(initial appropriate category below*¹)**:

1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. (18 U.S.C. §2721(b)(1))
2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. (18 U.S.C. §2721(b)(2))
3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. (18 U.S.C. §2721(b)(3)(A))
If information provided does not match DMV records, correct information will not be provided. DMV will only disclose that information does not match.
4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. (18 U.S.C. §2721(b)(4))
5. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. (18 U.S.C. §2721(b)(6))
6. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570]. (18 U.S.C. §2721(b)(9))
7. Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself ("Authorization of Release" below must be completed in full). (18 U.S.C. §2721(b)(13))
8. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. (18 U.S.C. §2721(b)(14))

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (name of person or business you are authorizing):

Green Mountain Support Services

- ☐ To perform a one-time search of the Vermont Department of Motor Vehicles files pertaining to me and any resulting reports. Or
☐ A one-time authorization to transact business pertaining to me within the Vermont Department of Motor Vehicles.

Signature of individual authorizing release:

Date of authorization:

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 U.S.C. §2723). This is signed and the request is made subject to penalties of 18 U.S.C §2723 and V.S.A. §202.

Signature of requestor:

Date of request:

Printed name of requestor:

Driver's license number of requestor:

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by appropriate personnel to determine whether this request conforms to DPPA protocol and requirements. Failure to meet these qualifications or to provide adequate information to make a determination will result in the denial of your request.

FOR DEPARTMENT USE ONLY – DO NOT WRITE BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- ☐ They are records which, by law, are designated confidential or by a similar term.
☐ They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (must be submitted in writing).

Vermont Department of Motor Vehicles _____

¹ Documents identifying the requestor are required for all requests. You must include copies of your state issued identification and documentation that you are authorized to obtain the requested information. If you are unsure of what documents are required, please call 802.828.2000.

Green Mountain Support Services, Inc.
Authorization and Release of Information

I _____ understand that my prospective employer will investigate statements and facts that I have supplied on my employment application, resume and/or during a personal interview.

I authorize such inquiries connected with my employment which may include my character, work habits, performance, experience and qualifications, reasons for termination from previous employers and other information deemed necessary and appropriate in arriving at an employment decision.

I understand that this employer may also request, through third party information sources, information from various Federal, State and other agencies which maintain records about driving history, criminal convictions, education and credit history. I also understand that I have a right to make written request within a reasonable period of time to receive information as to the content of these reports.

I agree that this information is provided at my request and for my benefit. I hold any persons or organizations harmless, and do hereby release them from any and all liability for damage of any nature for furnishing any of the above mentioned information.

I certify that all statements made by me on the application, resume, related documents and in interviews are true to the best of my knowledge and understanding that any falsification or omissions may result in refusal of employment or immediate dismissal. If employed, I will abide by all rules and regulations of the employer.

(print name) (other names used)

of _____
(current address)

(previous address, if you resided outside of Vermont in the last 5 years)

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

College: _____ Degree _____ YOG _____

Applicant signature Date



**AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

BACKGROUND CHECK POLICY

Department of Disabilities, Aging and Independent Living (DAIL)

Effective: July 7, 2017

I. Introduction

Performing background checks on individuals who may work with vulnerable people is a component of preventing abuse, neglect and exploitation. This policy provides a consistent framework for background checks and describes when a background check is required, the elements of a background check, and what is done if a background check reveals a potential problem.

Background checks supplement but do not replace reference checks. Background checks should never be relied upon as a substitute for personal contact with former employers or others who are in a position to have personal knowledge about the prospective worker's or volunteer's qualifications to work with vulnerable people.

II. Definitions

A. **"Agency"** means an organization that operates programs/services administered by DAIL¹ for any "person who receives services."

B. **"Background check"** includes all of the following:

1. **Child abuse registry** check: database maintained by the **Department for Children and Families** ("DCF") to provide information about people who have been substantiated for abuse, neglect and/or exploitation of children.
2. **Adult abuse registry** check: database maintained by the **Department of Disabilities, Aging and Independent Living** ("DAIL") to provide information about people who have been substantiated for the abuse, neglect and/or exploitation of a vulnerable adult(s).
3. **Criminal background** check: databases, which include the sex offender registry, maintained by **Vermont Crime Information Center** ("VCIC");
4. **Federal Exclusions Databases** check: databases maintained by the federal government to

¹ This definition also means an organization that operates programs/services for the Vermont Department of Health's Children's Personal Care Services.

include **Department of Health and Human Services' Office of Inspector General** List of Excluded Individuals/Entities (LEIE), System for Award Management or the **Department of Vermont Health Access**.

5. **Motor Vehicle Driver Record** check: database maintained by the Vermont Department of Motor Vehicles. (For volunteers or other workers who transport persons who receive services as an expected part of the regular job duties.)

C. **"Fiscal/ Employer Agent (F/EA)"** means an entity paid by the State to administer payroll services, including background checks, for individuals enrolled in self-directed services options. For example, ARIS Solutions is an F/EA.

D. **"Individual Employer"** means a contracted home provider (e.g. developmental home, shared living, adult foster care), surrogate, family member or person who receives services who employs or contracts with a worker.

E. **"Long-term care facility"** means a residential services setting that is licensed and regulated by the Division of Licensing and Protection. This includes nursing facilities, residential care homes, assisted living residences, therapeutic community residences, and intermediate care facilities for individuals with developmental disabilities (ICF/DD) and homes for the terminally ill.

F. **"Person who receives services"** means an individual who receives services through a program administered by DAIL², including, but not limited to,

- Adult Day Services
- Attendant Services
- Choices for Care Home-Based Services
- Children's Personal Care Services
- Developmental Disabilities Services
- High Tech Services
- Homemaker Services
- Older Americans Act Programs
- Traumatic Brain Injury Waiver Services
- Vocational Rehabilitation Services

G. **"Volunteer"** means an individual, who provides a service, as a result of a formal agreement with an agency, program or individual employer, but who is not paid (at all or more than just a stipend or expense reimbursement), and has the opportunity for unsupervised interaction with, or access to the financial resources of, a person who receives services.

H. **"Worker"** means an individual who is employed by or contracts with an agency or individual employer.

² This definition also means an individual who receives Children's Personal Care Services, a program administered by VDH.

III. Background Check Requirements

A. Long-term care facilities are **required** to conduct background checks as set forth in the regulations that govern each facility, found at <http://dlp.vermont.gov/survey-cert/facility-regs>, and are not subject to the DAIL Background Check Policy.

B. Background checks are **required** for all prospective workers who are paid with funds administered by DAIL.

C. Background checks are **required** for all prospective volunteers.

D. Motor vehicle driver background checks are **required** for prospective workers and volunteers who would be expected to transport persons who receive services as part of the regular job duties. It is at the discretion of the employer of record to determine whether to hire a worker, or engage a contractor or volunteer with a record of motor vehicle violations.

E. Background checks are **required** for respite workers hired by families through Flexible Family Funding, the Dementia Respite Program, the National Family Caregiver Support Program (NFCSP) or Flex Funds.

F. Background checks are **required** for all adults who reside³ in a home, such as a developmental home or shared living home, when that home receives DAIL funding to provide residential support to a person who receives services.

G. The agency/ or F/EA shall:

- provide a copy of this background check policy to all prospective workers and volunteers before a background check is conducted; and
- conduct background checks required by this policy.

H. The agency or individual employer shall pay for background checks required by this policy; an F/EA is not responsible for paying these costs. A prospective worker or volunteer shall not be charged for the costs of background checks required by this policy.

IV. Offer/Start Date of Employment/Contract/Volunteer Opportunity

A. An offer of employment, contract or volunteer opportunity may be made contingent upon satisfactory background checks.

B. No prospective worker or volunteer shall begin work until notified by the employer that the background checks are completed and found to be satisfactory.

C. **Medicaid funds shall not be used to pay for services provided before the background check is completed or when the background check is found to be unsatisfactory.**⁴

³ “Reside” means intend to remain in the home permanently or for an extended period of time.

⁴ When the “individual employer” changes for a worker who already provides, and is expected to continue to provide,

V. Exclusions

Funds administered by DAIL **shall not be used**, to employ or contract with a worker who has:

- A. A substantiated record of abuse, neglect, or exploitation of a child as determined by DCF;
- B. A substantiated record of abuse, neglect, or exploitation of a vulnerable adult as determined by DAIL;
- C. Been excluded from participation in Medicaid or Medicare services or programs, or from facilities, as reflected in exclusion databases referenced in II B. 4 above.;
- D. A criminal conviction, unless a variance has been granted as set forth in Section VI below, which meets the criteria, “job-related” and “business necessity”⁵ including the following:
 - abuse, neglect or exploitation of a child or vulnerable adult
 - lewd and lascivious conduct
 - assaults
 - unlawful restraint
 - recklessly endangering another
 - frauds, including forgery
 - larceny, including thefts and robbery
 - burglary
 - embezzlement
 - extortion
 - homicide, including murder or manslaughter
 - stalking
 - cruelty to children or animals
 - kidnapping
 - possession of child pornography
 - arson
 - drug-related
 - DUI

If a prospective worker or volunteer has a criminal conviction(s), which could result in exclusion from employment, he/she must be informed that he/she may apply for a variance as explained below in Section VI. Decisions regarding exclusions from employment or requests for a variance shall be made on a case-by-case basis.

services to the same “person who receives services,” a new background check is required. Under those circumstances, the worker will not be paid with funds administered by DAIL while another background check is completed, but will be paid retroactively if the background check is satisfactory.

⁵ The Equal Employment Opportunity Commission (“EEOC”) defines “job-related” and “business necessity.” See www.eeoc.gov/laws/guidance/arrest_conviction.cfm. Based on the job requirements and functions, the criminal conviction(s) must present an unacceptable level of risk for the vulnerable person or employer.

VI. Variances

- A. **Variances for starting work before a background check is completed will not be considered.**
- B. The determination whether to grant a variance must be based on a review and consideration of all of the following factors:
- nature of the position
 - nature and seriousness of the offense(s)
 - time elapsed since the offense(s)
 - number or repeated offenses
 - age at the time of the offense(s)
 - involvement, since the date of the criminal offense, with the criminal justice system and/or child or adult protective services
 - disclosure of the criminal conviction(s) by the prospective worker or volunteer to the person receiving services, the surrogate, and the legal guardian, if any
 - prospective worker's unique caregiving relationship with the person receiving services
 - unavailability of other workers or volunteers who could reasonably be expected to perform the care required
- C. Process for requesting a variance
1. Agency-Managed
 - a. When a prospective worker requests a variance, the agency is responsible for the decision to grant or deny a variance under this policy. For exclusions see section V above.
 - b. The agency shall issue the decision regarding the variance within 15 business days of receipt of the request for a variance.
 - c. The agency shall follow the standards set forth in this policy when granting or denying variances.
 - d. The agency shall maintain written documentation of the decision to grant or deny a variance, including the rationale, listing any conditions. A copy of the written documentation shall be kept by the agency and made available to quality reviewers from the State.
 2. Individual Employers
 - a. A contracted home provider (e.g., developmental home, shared living, adult foster care), surrogate, family member or, person who receives services, who employs a worker with the use of an F/EA, must submit a variance request in writing. ***In addition to the information provided pursuant to Section VI above,*** the request must include the following:
 - i. A variance request letter from the employer, explaining the circumstances and the reason why it is important that the prospective worker be a paid caregiver for the person who receives services.
 - ii. A letter from the prospective worker explaining the conviction(s) and why he/she should be allowed to be the paid caregiver for the person

who receives services.

- b. With the consent of the prospective employee, the request may include a letter from the case manager of the person receiving services, explaining why he/she does or does not support the variance.
- c. Variance requests submitted by individual employers for Choices for Care, the Attendant Services Program or the Traumatic Brain Injury (TBI) Services must be submitted to:

Department of Disabilities, Aging and Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-2070
Fax: (802) 241-0385
Email: AHS.DAILASDBackgroundChecks@vermont.gov

Variance requests submitted by individual employers for Developmental Disabilities Services must be submitted to:

Department of Disabilities, Aging and Independent Living
Developmental Disabilities Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-2030

Variance requests submitted by individual employers for Children's Personal Care Services must be submitted to:

Vermont Department of Health
Children with Special Health Needs Unit
Children's Personal Care Services
108 Cherry Street, Box 70
Burlington, VT 05401

- d. The Department shall follow the standards set forth in this policy.
- e. The Department retains the right to request additional information to assist in making a decision regarding a requested variance.
- f. The Department shall provide a written decision, within 15 business days of receipt of the variance request, to the individual employer that includes the rationale for granting or denying a variance request, any conditions associated with granting or denying the variance, and appeal rights, if applicable. The Department shall notify the F/EA, for purposes of accepting timesheets for processing, only that a variance request has been granted or denied.
- g. A copy of the decision regarding the variance request and any supporting documentation (including the factors considered) shall be kept in the Department's records.

D. Appeals

If the employer disagrees with the variance decision, he or she may appeal to the Commissioner of the Department or to the Human Services Board.

To appeal to the Commissioner of the Department of Disabilities, Aging and Independent Living, if applicable, the employer must contact DAIL within 30 days of receipt of the decision by calling 802-241-0353 or by writing:

Commissioner's Office
Department of Disabilities, Aging and Independent Living
280 State Drive, HC 2 South
Waterbury, VT 05671-2020

To appeal to the Commissioner of the Vermont Department of Health, if applicable, the employer must contact VDH within 30 days of receipt of the decision by calling 802-865-1395 or by writing:

Children's Personal Care Services Administrator
Commissioner's Office
Vermont Department of Health
108 Cherry Street, Box 70
Burlington VT 05401

To appeal to the Human Services Board, the employer must submit his or her request for a hearing within 90 days of receipt of the original decision or 30 days from the receipt of the Commissioner's decision, if the employer appealed the decision to the Commissioner, whichever is longer. To appeal to the Human Services Board, the employer must contact:

Human Services Board
14-16 Baldwin Street
2nd Floor
Montpelier, VT 05633-4302

Authorizing Signature:

Date:



Monica Caserta Hutt
Commissioner


