

# **Direct Support Worker Information Sheet**

## **Basic Information**

Legal First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ OR State ID Number: \_\_\_\_\_

**\*If you do not have a valid Driver's License – you are not permitted to transport the**

**Individual/Employer.** Initial here that you have read and understand this statement: **Initials:** \_\_\_\_\_

## **Worker Relation to Individual/Employer**

Name of your Individual/Employer: \_\_\_\_\_ Waiver: \_\_\_\_\_

## **Background Checks**

Kansas law requires all potential Direct Support Workers to undergo background checks. The FMS, acting on the Individual/Employer's behalf, will procure a background check report that is prepared by a consumer reporting agency, private investigating agency, policy agency, or other provider (including Department of Motor Vehicles). The result of these background checks will be provided to the Individual/Employer and appropriate State Agencies, if requested. The FMS will cover the expense for all first-time background checks. Active workers will have their background checks run every two years on the anniversary of their starting month. The FMS will cover the expense for all renewal background checks.

**Sign on the back page**

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### **Authorization**

I certify under penalty of perjury that the information provided on this form is accurate and true. I authorize FMS to perform all required background checks as required by the State of Kansas. I further authorize FMS to share the results of the background checks with the Individual/Employer and State Agencies.

Direct Support Worker Full Name: \_\_\_\_\_

Direct Support Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_