

## West Virginia Personal Options Criminal Background Check Instructions

----- December 2022 -----

You must submit and pass a State and Federal Criminal Background Check (CBC) through WV Cares before being able to bill for services. You are also required to repeat this CBC every five years while you are billing for services. You must pay for the CBCs. It is very important that you keep your CBC appointment because you will **not** be able to provide services for payment until we receive a letter stating you can begin providing services from WV Cares.

Your results will be kept by the State Police and FBI so updates of any criminal history or changes can be submitted to us. Public Partnerships, LLC (PPL) will receive monthly updates regarding your CBC. If the result of the initial or ongoing CBC reveals negative findings, WV CARES will put you on a list of providers who can no longer provide services.

PPL will schedule your appointment through WV CARES. Please fill out the Scheduling Form included in your CBC packet. This will allow us to contact you about your CBC appointment. Be sure to include a working phone number and email address and print information clearly.

You will not be able to bill for services if you have been convicted of the following crimes:

- State or Federal health and social services program-related crimes
- Patient abuse or neglect
- Health care fraud
- Felony drug crimes
- Crimes against care-dependent or vulnerable individuals
- Felony crimes against the person
- Felony crimes against property
- Sexual offenses
- Crimes against chastity, morality and decency
- Crimes against justice

**IMPORTANT:** PPL is not the employer and has no role in making employment decisions. If you can't provide services because of the results of the CBC; the participant/employer will not be able to hire you for the Waiver Program.

INSTRUCTIONS BELOW  
DO NOT FILL OUT THIS PAGE

A complete CBC application must be submitted to PPL prior to employment. This includes the Criminal Background Check Scheduling Form, the two-page Self-Disclosure Application and Consent Form (Parts I, II, and III), a copy of your Driver's License or ID card, and a Money Order or Certified Check for \$20 made out to WV Cares all mailed to:

Public Partnerships, LLC  
ATTN: CBC Processing  
PO Box 5157  
Charleston, WV 25361

Review the guides below before moving forward. If your application is not completed correctly, or payments are not received, your fingerprint appointment cannot be scheduled, and services cannot be billed.

CBC Scheduling Form Guide

<b>Applicant/Employee Name:</b> <span style="font-size: 24px; color: blue;">1</span>	<b>Has the applicant completed a CBC through WV CARES within the last five years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact PPL to verify if you have an existing eligibility determination with WV Cares. If you do, the cost of your CBC will change.</i>
<b>Program:</b> <span style="font-size: 24px; color: blue;">2</span> <input type="checkbox"/> Aged & Disabled Waiver <input type="checkbox"/> Intellectual/Developmental Disabilities Waiver <input type="checkbox"/> Traumatic Brain Injury Waiver	<b>Resource Consultant Name:</b> <span style="font-size: 24px; color: blue;">3</span>
<b>Participant Name (name of person who is on the program):</b> <span style="font-size: 24px; color: blue;">4</span>	<b>What dates and times are you available for your CBC appointment? Please list more than 1 option:</b> <span style="font-size: 24px; color: blue;">5</span>
<b>Phone Numbers:</b> <span style="font-size: 24px; color: blue;">6</span> <small>Please provide a working phone number; this is how we will contact you regarding your CBC appointment.</small>	(____) _____ (home) (____) _____ (cell)
<b>E-mail Address:</b> <span style="font-size: 24px; color: blue;">7</span>	<b>Please submit money order or cashier's check for WV Cares with your CBC Application:</b>
<ul style="list-style-type: none"> <li>• <b>\$20 made payable to WV Cares:</b>    <span style="font-size: 24px; color: blue;">8</span>  <input type="checkbox"/> Money order    OR    <input type="checkbox"/> Certified check    Number # _____         </li> </ul>	

- 1 - name of person getting the CBC completed
- 2 - program you will be working for (if you are unsure contact your Resource Consultant (RC))
- 3 - RC name (person who works at PPL)
- 4 - name of person you will be working with
- 5 - dates you are available to complete CBC; please enter at least 5 dates and times
- 6 - current, working phone number; so PPL can call you to schedule your appointment
- 7 - email address; so IdentGo can email you your appointment information
- 8 - number of the cashier's check or money order

### Part III Self-Disclosure Application and Consent Form Guide

Answer the questions on Part I and sign your name on Part II.

Attach a copy of your License or ID and proceed to Part III.

#### PART III

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Generation (ex. Jr., II): \_\_\_\_\_

Gov't Issued ID Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Type of ID: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Hair Color:  Brown  Blonde  Bald  Black  Gray  Other  Red  White

Eye Color:  Blue  Hazel  Brown  Red  Black  Other  Green  Gray

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

Place of Birth (City & State): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

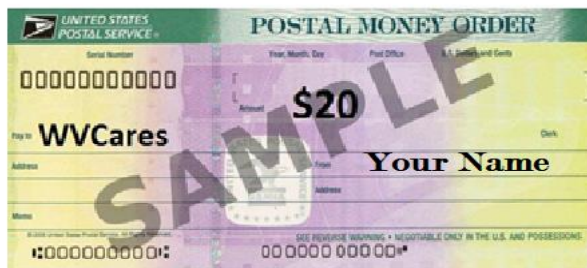
Current Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

Driver's License #  
State ID #  
Military ID #  
Passport #

Driver's License  
State ID  
Military ID  
Passport

only have to choose one.

### Money Order Sample and Instructions



- Must be a Money Order or Certified Check. Personal Checks are NOT accepted.
- Must be made out to WV Cares (a blank payment can be cashed by anyone).
- Must print your name so we can match your payment to the correct application.

❖ Payment of **\$37.25** is required at the **IdentoGo** fingerprinting location. Employees with existing active results in WV Cares are not required to re-print. The application and \$20 fee are still required to access your results.

### After submitting a completed application

- PPL will schedule your fingerprinting appointment at the **IdentoGo** location near you.
  - PPL will contact you at the number or email listed on the scheduling form with your appointment details.
  - You may reschedule your appointment by calling **IdentoGo** directly at **855-766-7746** and providing them with the UE code listed in your appointment details.
  - DON'T FORGET to take your payment for **IdentoGo** with you to your fingerprinting appointment (**\$37.25**).
    - Cashier's Checks, Money Orders, Debit, and Credit Cards are all accepted for payment.
    - Payment should be made out to **IdentoGo**.
    - Current photo ID is required.
- ❖ PPL checks the WV Cares system regularly for results. PPL will contact you when services can start.



## West Virginia Personal Options Criminal Background Check (CBC) Scheduling Form

Public Partnerships LLC (PPL) will schedule the initial appointment on your behalf through WV CARES. Please fill out the form below.

You will not be able to provide services for payment until PPL receives your eligibility determination.

<b>Applicant/Employee Name:</b>	<b>Has the applicant completed a CBC through WV CARES within the last five years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact PPL to verify if you have an existing eligibility determination with WV Cares. If you do, the cost of your CBC will change.
<b>Program:</b> <input type="checkbox"/> Aged & Disabled Waiver <input type="checkbox"/> Intellectual/Developmental Disabilities Waiver <input type="checkbox"/> Traumatic Brain Injury Waiver	<b>Resource Consultant Name:</b>
<b>Participant Name (name of person who is on the program):</b>	
<b>What dates and times are you available for your CBC appointment? Please list more than one option:</b>	
<b>Please provide a working phone number; this is how we will contact you regarding your CBC appointment.</b>	
Home: _____ Cell: _____	
<b>Email Address:</b>	
<b><u>Please submit money order or cashier's check for WV Cares with your CBC Application:</u></b>	
<ul style="list-style-type: none"> <li>▪ <b>\$20 made payable to WV Cares:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Money order    OR    <input type="checkbox"/> Certified check    Number # _____</li> </ul> </li> <li>▪ <b><u>Please take the IdentoGo Payment of \$37.25 with you to your CBC Appointment.</u></b> <ul style="list-style-type: none"> <li>Cashier's Check, Money Order, and Credit Cards are accepted.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>▪ Changes to your CBC appointment can be made by calling IdentoGo at (855) 766-7746.</li> </ul>	

Public Partnerships Use ONLY		
Appointment Date:	Appointment Time:	Date of Notification of Appointment:
IdentoGo Location:		
Notes:		



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## SELF-DISCLOSURE APPLICATION AND CONSENT FORM

### PART I

I, the below-named applicant, understand that this form cannot be completed until an offer of employment is made. The offer of employment is made pending the results of the investigation of registries and a fingerprint-based background check. I understand that refusal to complete Parts I, II, and III of this form constitutes my rejection of the employment offer.

**I, the below-named applicant, swear/affirm, that the information contained within this application is true and correct to the best of my knowledge.**

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Generation (ex. Jr., II): \_\_\_\_\_

Clearly answer truthfully YES or NO to the following questions:

	Yes	No
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?		
2. Have you <b>ever</b> been convicted of, pled guilty or nolo contendere (no contest) to a <b>misdemeanor</b> or <b>felony in any state or federal court</b> ?		
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?		
4. Are you under indictment or do you have any criminal charges pending against you?		
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?		
6. Are you the subject of a restraining order as a result of a domestic violence act or subject to a verified petition of domestic violence or subject to a protective order?		

**NOTE: If any questions 1-6 listed above are answered YES, a brief letter of explanation by the applicant must accompany this form.** Failure to provide explanations could result in disqualification.

### PART II

#### Consent for Investigation for Employment Purposes and Acknowledgement of Receipt of Notice

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and state and federal fingerprint-based background checks, into information contained in this application. I understand that my fingerprints will be retained by the West Virginia State Police for the purpose of RapBack services during my employment in a WVCARES covered provider. **Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is an excluding act under the fitness determination process being conducted by DHHR.**

**I, \_\_\_\_\_, acknowledge receipt of the information contained in the Notice to All Applicants.**

(Applicant's printed name)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## SELF DISCLOSURE APPLICATION AND CONSENT FORM

### PART III

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Generation (ex. Jr., II): \_\_\_\_\_

Gov't Issued ID Number/Expiration: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Type of ID: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ft. \_\_\_\_\_in. Weight: \_\_\_\_\_lbs.

Hair Color:  Brown  Blonde  Bald Eye Color:  Blue  Hazel  Brown  
 Black  Gray  Other  Red  Black  Other  
 Red  White  Green  Gray

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

Place of Birth (City & State): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

**List all cities and states (outside of WV) where you have lived within the past 5 years and provide approximate dates:**

\_\_\_\_\_

\_\_\_\_\_

**List all cities and states (outside of WV) where you have worked within the past 5 years and provide approximate dates:**

\_\_\_\_\_

\_\_\_\_\_

**List all names and aliases you have used formally and informally (Include maiden names, married names, nicknames, and any other name used or known as):**

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only (This form expires 60 days after the date of the signature in Part II):**

I affirm that I have compared the government issued identification presented by the applicant.

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

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## NOTICE TO ALL APPLICANTS

**Obtaining Criminal History Report:** An individual may request a copy of his or her own criminal history report (or proof that one does not exist) for a personal review by visiting MorphoTrust at [www.identogo.com](http://www.identogo.com) or calling 1-855-766-7746.

**Appeals:** If the applicant wishes to challenge the information contained in the identity history summary, a challenge of record may be filed pursuant to W.Va. St. R. §69-10-8 with the WV State Police at <http://www.wvsp.gov/Criminal%20Records/Pages/default.aspx> and/or the FBI at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

### PRIVACY ACT STATEMENT:

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).