

COVID 19 Modified Hiring Process – DBHDS Licensed Programs (except Children’s Residential)

23 March, 2020

Documents needed:

- Application
- DBHDS Criminal History Disclosure Form (#3) – while you may still be able to print the form from the Fieldprint site, it may be safer to use the paper form!
- Child Protective Services Records Search Request
- I-9 – though I believe that enforcement has been temporarily suspended
- W-4 and any other information to enroll the employee in your payroll system
- Insurance application (if applicable)

TB Test results are not required for 30 days – as this situation is rapidly evolving, DBHDS will continue to monitor the situation and issue updated guidance as necessary.

- Documentation required by your insurance if their position requires them to drive as part of their position
- A copy of their Professional License if required for the position

Documents preferred:

- A copy of their DD Waiver test/results showing they passed
- A copy, if available, of their initial competency checklist (to aid you in knowing what training will be required)
- First Aid/CPR certification

Variations Allowed to Your Normal Process:

- The applicant should follow your normal procedure to schedule an appointment with Fieldprint:

- If the appointment time offered is within the 15 day allowance – proceed with the appointment (keep a copy of the confirmation for your records!)
- If the appointment time is delayed OR the applicant receives notice that the nearest office is closed, then proceed as follows:
 - Note: The applicant should attempt to schedule the first available appointment.
 - Upon receipt of the Disclosure Form, a designated staff person will review the information provided against the published list of Barrier Crimes
 - Upon completion of the review they shall date & sign the Disclosure Form with the statement “No barrier crimes identified”
 - If barrier crimes are identified, you **may** retain the individual, but not allow them to be alone with an individual in any capacity or perform any tasks supporting an individual (including treatment, case management, health, safety development or well-being of an individual or being the immediate supervisor of staff with this responsibility) pending the eventual receipt of the results from DBHDS, or you **may choose to separate** as “Not Eligible.”

Do be sure to keep a list of all employees that you “on-board” using a variation to the regular procedures – when the Emergency Declaration ends, you will be expected to process all of the employees through the Fieldprint “system” and follow-up on TB Tests, etc.

**Disclosure Statement
for
Licensed Private Provider Employees**

A criminal history background investigation is required by law (§ 37.2-416 (B,(i)), *Code of Virginia*) on each individual who was not an employee or service provider at the facility prior to July 1, 1999. (Please type or print clearly.)

Licensed Provider Name	Licensed Provider Number
Applicant's Name (Last, First, Middle)	Social Security Number <input type="checkbox"/> No SSN #
Mailing Address (Street, City, State, Zip)	Phone Number (Area Code + Number)

In Virginia or any other location:
 Have you ever been or are the subject of a founded complaint of child abuse or neglect?
 No Yes: If yes, please list all cases and explain.

Have you ever been convicted* of or are you the subject of pending charges for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?
 No Yes: If yes, please list all cases and explain.

Convictions include all adult convictions as well as Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position?
 No Yes

I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as an employee; and (2) the information on this disclosure statement is subject to verification.

Signature of Applicant

Date