

Endless Options, Inc.
Pre-application questionnaire

To be eligible for employment with Endless Options, Inc. you must have the following:

- Do you have a High School Diploma or GED (proof required)?
 YES NO
- Do you have a Driver's license?
 YES NO
- Do you have a licensed, dependable vehicle?
 YES NO
- Do you have ongoing vehicle insurance?
 YES NO

How long do you think you will be in this community?

Please indicate your availability by using an "X" in the boxes below:

| Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|--------|--|--------|--|---------|--|-----------|--|----------|--|--------|--|----------|--|
| 7a-3p | | | | | | | | | | | | 7a-3p | |
| 3p-10p | | 3p-10p | | 3p-10p | | 3p-10p | | 3p-10p | | 3p-10p | | 3p-10p | |
| 10p-9a | | 10p-9a | | 10p-9a | | 10p-9a | | 10p-9a | | 10p-7a | | 10p-7a | |

Other job requirements for employment in our residential program:

- ✓ Organizational skills
- ✓ Ability to plan and implement activities of daily living utilizing the principles of inclusion and community membership.
- ✓ Ability to plan healthy menus and grocery shop accordingly.
- ✓ Ability to maintain stock of household supplies from dish soap to potholders.
- ✓ Ability to perform maintenance checks of house (i.e. light bulbs, oven clean, etc.).
- ✓ Ability to work with safety committee and comply with recommendations.
- ✓ Ability to maintain consumers' clothes (neat & clean) and clothing inventory.
- ✓ Ability to model professional behavior to team.

Endless Options, Incorporated

APPLICATION FOR EMPLOYMENT

Endless Options, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, age, sex, marital status or handicap.

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING YOUR APPLICATION

- You must furnish all requested information on this application. The information you provide on the application will be used to determine your qualifications for employment. If you do not answer all questions on your application fully and accurately, you may delay consideration of your application and may lose employment opportunities.
- Please print in dark ink or type. Write "NA" (not applicable) beside those items that do not apply to you, unless instructions indicate otherwise. See Privacy Protection Information below.
- After completing the application, you may attach a resume, but do NOT send a resume instead of completing this application unless directed to do so.
- Mail application to: Endless Options, Inc., 222 East Davis, Fayette, MO 65248

PRIVACY PROTECTION INFORMATION

Endless Options, Inc. needs the information you put on this form to see how well your education and work skills qualify you for available positions. We ask for your Social Security Number (SSN) to keep our records straight because other people may have the same name. You are not required to give us your SSN at the time you apply, but we strongly urge you to do so because it allows us to process your application more expeditiously. It will be required if you are tentatively selected for a position so that a security check can be conducted on your suitability for employment with Endless Options. We may use your SSN to make requests for information about you from employers, schools, banks and others who know you, but only as allowed by law. The information we collect by using your SSN will be used for employment purposes only.

1.A. POSITION (JOB) YOU ARE APPLYING FOR:

B. HOW DID YOU HEAR OF OUR VACANCY?

PERSONAL

2. NAME (Last, First, Middle)

3. HOME PHONE

4. WORK PHONE

()

()

5. STREET ADDRESS OR RFD

6. CITY, STATE, ZIP CODE

7. SOC. SEC. NO. (See Privacy Info)

8. LOWEST PAY YOU WILL ACCEPT

9. WHEN AVAILABLE FOR WORK

10.

- A. Are you available for temporary employment?..... Yes No
B. Are you available for part time positions?..... Yes No
C. Will you accept shift work?..... Yes No

11. WHERE WILL YOU ACCEPT POSITION?

- Community Training Center..... Yes No
Supported Employment..... Yes No
Supported Living..... Yes No

QUALIFICATIONS

13. A. SPECIAL QUALIFICATIONS AND SKILLS (Skills with machines, any membership in professional societies, etc.)

| | |
|---|---|
| B. TYPE OF LICENSES OR CERTIFICATIONS (CPR, First Aid, CPI, Level I Med Aide, etc.) (1) (2) (3) | C. DATES OF LATEST LICENSE OR CERTIFICATE Year State or other licensing authority (1) (2) (3) |
|---|---|

| | | |
|---|--|---|
| D. DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No | E. STATE & DATE OF EXPIRATION (Month and Year) | F. APPROXIMATE NUMBER OF WORDS PER MINUTE TYPING: SHORTHAND: |
|---|--|---|

G. LIST ALL AUTOMATED DATA PROCESSING EXPERIENCE, (SOFTWARE, PCs, ETC.), INCLUDING WORD PROCESSING, IN THE LAST 5 YEARS. Specify number of years experience.

EDUCATION

14. A. DID YOU GRADUATE FROM HIGH SCHOOL Yes No
 B. WHAT YEAR DID YOU GRADUATE?
 C. WHAT NAME DID YOU GO BY WHEN YOU GRADUATED?
 D. NAME AND LOCATION OF HIGH SCHOOL ATTENDED: **Name:** **City:** **State:**
 E. IF YOU DID NOT GRADUATE, HIGHEST GRADE COMPLETED: **Grade:** **Date:**
 F. DO YOU HAVE A GED CERTIFICATE? Yes No

| 15. NAME AND LOCATION OF COLLEGE(S) OR UNIVERSITY(S) YOU ATTENDED: | DATES ATTENDED | YEARS COMPLETED | | NO. CREDITS EARNED | | TYPE OF DEGREE COMPLETED |
|--|----------------|-----------------|-------|--------------------|---------|--------------------------|
| | | DAY | NIGHT | SEMESTER | QUARTER | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 16. CHIEF UNDERGRADUATE SUBJECTS | CREDITS COMPLETED | 17. CHIEF GRADUATE COLLEGE SUBJECTS | CREDITS COMPLETED |
|----------------------------------|-------------------|-------------------------------------|-------------------|
| | | | |
| | | | |
| | | | |

What name did you go by when you graduated?

NOTE: IF YOU WISH COLLEGE LEVEL CREDITS OR DEGREE TO BE CONSIDERED, YOU MUST FURNISH A COPY OF YOUR OFFICIAL TRANSCRIPT OR PROOF OF GRADUATION PRIOR TO YOUR APPOINTMENT.

18. DO YOU SPEAK, WRITE, OR UNDERSTAND A FOREIGN LANGUAGE?
 Yes No If yes, what language(s)?

19. LIST OTHER SCHOOLS OR TRAINING (If additional space is needed, use a sheet of paper and include all information required.)

| SCHOOL NAME AND LOCATION (City/State) | Subject: | HRS/WK |
|---------------------------------------|----------|--------|
| | | |
| | | |
| | | |

REFERENCES

19. LIST THREE PEOPLE WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING.
DO NOT REPEAT NAMES YOU HAVE LISTED UNDER ITEM 12, EXPERIENCE.

| FULL NAME | PRESENT BUSINESS OR HOME ADDRESS | TELEPHONE NUMBER | BUSINESS OR OCCUPATION |
|-----------|----------------------------------|------------------|------------------------|
| | | | |
| | | | |
| | | | |

LEGAL HISTORY

ANSWER ITEMS 21 THROUGH 25 BY CHECKING "YES" OR "NO". PROVIDE ANY PERTINENT DETAILS IN ITEM 26.

21. WITHIN THE LAST FIVE YEARS HAVE YOU BEEN FIRED FROM ANY JOB FOR ANY REASON?

Yes No

22. WITHIN THE LAST FIVE YEARS HAVE YOU QUIT A JOB AFTER BEING NOTIFIED YOU WOULD BE FIRED?

Yes No

If your answer to 21 or 22 is "YES" give details below in Item 26. Show the name and address of employer, approximate date, and reasons in each case. The information should agree with your answers in Item 12, experience.

23. A. HAVE YOU EVER BEEN CONVICTED, IMPRISONED, ON PROBATION OR PAROLE, OR FORFEITED COLLATERAL, FOR ANY FELONY OR ANY FIREARMS OR EXPLOSIVES OFFENSE AGAINST THE LAW? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified under the laws of a State as a misdemeanor.)

Yes No

B. DURING THE PAST 7 YEARS HAVE YOU BEEN CONVICTED, IMPRISONED, ON PROBATION OR PAROLE OR FORFEITED COLLATERAL FOR ANY MISDEMEANOR OR ANY OTHER OFFENSE AGAINST THE LAW NOT INCLUDED IN "A" ABOVE?

Yes No

NOTE: When answering "A" and "B" above, you may omit: (1) traffic fines for which you paid a fine of \$100 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction in which the record has been expunged under Federal or State law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

24. WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED BY A GENERAL COURT-MARTIAL?

Yes No

If your answer is "YES" to 23A, 23B or 24, give details below in item 26. Show for each offense (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

25. ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of eligibility is required if you are hired.)

Yes No

► **YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU HAVE ANSWERED ALL QUESTIONS.**

26.

CERTIFICATION AND SIGNATURE

► **READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.**

I CONSENT TO THE RELEASE OF INFORMATION ABOUT MY ABILITY AND LEGAL HISTORY FOR EMPLOYMENT WITH ENDLESS OPTIONS, INC. BY EMPLOYERS, SCHOOLS, LAW ENFORCEMENT AGENCIES AND OTHER INDIVIDUALS AND ORGANIZATIONS, TO INVESTIGATORS, PERSONNEL STAFFING SPECIALISTS, AND OTHER AUTHORIZED EMPLOYEES OF ENDLESS OPTIONS.

I ACKNOWLEDGE THAT ENDLESS OPTIONS MAY ALSO REVIEW MY BACKGROUND. THIS REVIEW MAY INCLUDE CRIMINAL RECORD, EMPLOYMENT AND DRIVING RECORD CHECKS.

I CERTIFY THAT ALL OF THE STATEMENTS MADE HERE ARE TRUE, CORRECT AND COMPLETE. IF I AM HIRED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.

I UNDERSTAND AND AGREE THAT THIS EMPLOYMENT APPLICATION, BY ITSELF OR TOGETHER WITH OTHER ENDLESS OPTIONS DOCUMENTS OR POLICY STATEMENTS, DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT I MAY VOLUNTARILY LEAVE OR BE TERMINATED AT ANY TIME AND FOR ANY REASON.

SIGNATURE (Sign in dark ink)

DATE SIGNED (Month, Day, Year)

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to:

Endless Options, Inc. for purposes of investigation as required by Section 391.23
(Employer or Prospective Employer)
of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from
furnishing such information.

(Applicant's Signature) (Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

(Signature of Requestor) (Date)

TO: Missouri Driver Service Bureau
PO Box 200
Jefferson City, MO 65105

To Whom It May Concern:

The following named person had made application with our company for the position of _____. As in accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three year.

Name of Applicant: _____
Address: _____
Former Address: _____
Date of Birth: _____
Social Security Number: _____ License Number: _____

REQUESTED BY:

Endless Options, Inc.
Name of Company
222 East Davis Fayette, MO 65248
Address City/State/Zip
(660) 248-5233
Phone

Liz Dougherty
Typed Name
Administrative Assistant
Title

Signature



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

RESET

PLEASE TYPE OR PRINT CLEARLY

SECTION A: WORKER TYPE (CHECK ONE BOX ONLY)

- CHILD CARE WORKER (\$9.00)
 PERSONAL CARE WORKER(\$9.00)
 VOLUNTARY REGISTRANT (\$9.00)
 ELDER CARE WORKER (\$9.00)
 RECIPIENT OF STATE OR FEDERAL FUNDS (\$9.00)
 FOSTER PARENT (NO FEE)

SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING

| | | | |
|-----------|------------|-------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME |
|-----------|------------|-------------|-------------|

PRIOR NAMES USED

| | | | |
|--|---------------|--|--------------------------------------|
| SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD) | DATE OF BIRTH | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | TELEPHONE NO. (optional) () |
|--|---------------|--|--------------------------------------|

MAILING ADDRESS

| | | | | |
|-----------------------------------|------|-------|----------|--------|
| STREET ADDRESS OR POST OFFICE BOX | CITY | STATE | ZIP CODE | COUNTY |
|-----------------------------------|------|-------|----------|--------|

HOME ADDRESS (if different than mailing address)

| | | | | |
|----------------|------|-------|----------|--------|
| STREET ADDRESS | CITY | STATE | ZIP CODE | COUNTY |
|----------------|------|-------|----------|--------|

SECTION C: CURRENT EMPLOYER INFORMATION (IF APPLICABLE)

| | | |
|---------------|----------------|--------------------------|
| EMPLOYER NAME | CONTACT PERSON | PHONE NUMBER () |
|---------------|----------------|--------------------------|

| | | | |
|---------|------|-------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
|---------|------|-------|----------|

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requestor of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy in the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening determination.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to your designated bank account. I understand that my signature below authorizes my Financial Institution to deduct this payment from my account. In the event that DHSS or its subcontractor, is unable to secure funds from your account or you provide insufficient or inaccurate information regarding your account, your obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

| | |
|--|------|
| SIGNATURE OF APPLICANT (REQUIRED IN INK) | DATE |
|--|------|

IMPORTANT

- Individuals are required to register one time only.
- Contact 1-866-422-6872 (toll-free) if you have questions on how to complete this form
- Read back of form for instructions and information on registrant notification and appeal rights
- Send completed registration form, copy of Social Security card and required fee to:

Missouri Department of Health and Senior Services
 Attn: Fee Receipts
 P.O. Box 570
 Jefferson City, MO 65102

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, elder care and personal care workers and child care and elder care providers:

1. State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
2. Child abuse/neglect records, maintained by the Department of Social Services
3. The Employee Disqualification List, maintained by the Department of Health and Senior Services
4. The Employee Disqualification Registry maintained by the Department of Mental Health
5. Child care facility licensing records, maintained by the Department of Health and Senior Services
6. Foster parent, residential care facility, and child placing agency licensing records, maintained by Department of Social Services
7. Residential living facility and nursing home licensing records, maintained by the Department of Health and Senior Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, or hired on or after January 1, 2002 as a personal care worker, as defined in §210.900, subsection 2, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-State and/or Federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Section A: Type of Worker - Check one box that best describes your worker category. A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 to §210.936, RSMo.

Section B: Identifying Data for Background Screening - List your current name, maiden name, all prior names used, Social Security number, date of birth, gender, home address, and mailing address. You must provide your Social Security number pursuant to §210.906.2, RSMo Supp. 1999. This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Section C: Current Employer Information (If Applicable) - If you are currently employed by or are seeking employment with a child care or elder care provider, please list the facility name, owner/operator, telephone number and facility address. If you are a foster parent, a voluntary registrant, or receive state or federal funds for child care or elder care services, leave this section blank.

Section D: Authorization to Release Background Check Information - Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requestors for "employment purposes", as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the Missouri Department of Health and Senior Services, Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102. If you have questions, please call the Registry using the toll-free telephone number, 1-866-422-6872.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND CHECK?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only as defined pursuant to §210.921.1, RSMo. **Any person using Registry information for any other purpose is guilty of a class B misdemeanor.** In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the person calling, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND CHECK?

Pursuant to §210.912, RSMo, you have the right to appeal the information transferred onto the Family Care Safety Registry. Your right to appeal is limited only to the accuracy in the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal needs to be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. A Registry worker will first confirm whether the person in question is registered. If the person is registered, the Registry worker will then disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one. Specific information will only be disclosed by the Registry upon receipt of a written request from the caller.

