

Program: WV Personal Options

Worker/Applicant Intake

Complete this form entirely to begin the enrollment process as a worker in the Consumer Directed Care service of Council on Aging's Elder Services Program. All information on this form is required in order to enroll. Completion of this form does not constitute hiring by the employer. Services should not begin until you receive a notification from Palco that enrollment is approved.

PARTICIPANT/CLIENT INFORMATION	
Full Name	Palco ID

WORKER INFORMATION		
First Name	Middle Name	Last Name
Social Security Number	Email	Phone

Palco has a fully online enrollment process that is quick and easy. The worker will receive login instructions from Palco via email within 3-5 business days. Once you receive the email, complete your enrollment right away to avoid any delays.

Check this box if you are unable to complete Palco's online enrollment process and an enrollment specialist will contact you for further assistance.

Please return this form to Palco via email: enrollment@palcofirst.com or via fax to 1.877.859.8757.

WV PERSONAL OPTIONS CRIMINAL HISTORY BACKGROUND **CHECK INSTRUCTIONS AND FORMS**

Workers 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. Workers 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 Palco. Palco 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. Palco will schedule your appointment through WV CARES.

Please fill out the Scheduling Form included in this 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

****PLEASE NOTE: Palco 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 for Completing Criminal Background Check Scheduling Form

A complete CBC application must be submitted to Palco 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 Cashier's Check for \$25 made out to PALCO all mailed to:

Palco, Inc
ATTN: CBC Processing
PO Box 242930
Little Rock, AR 72223

Review the instructions 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.

Use the instructions and checklist below to guide you through completing this form. The applicant/worker should complete all fields highlighted in yellow.

1. Check appropriate box of program you will be working for, if you are unsure, contact your Resource Consultant.

Check Program: **IDD** **ADW** **TBI**

2. Complete all highlighted sections at top of form.

Applicant/Employee Name:		Has the applicant completed a CBC through WV CARES within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant Name:		Resource Consultant Name:	
What Date and Time are you available for your fingerprint appointment? <i>Please list more than 1 option:</i>			
<input type="checkbox"/> Monday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Tuesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Wednesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Thursday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p
<input type="checkbox"/> Friday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p			
How do you want to be notified of your fingerprint appointment?			
<input type="checkbox"/> Phone:			
<input type="checkbox"/> Mailing Address:			
<input type="checkbox"/> Email:			

3. Check correct box for submitting payment:

****Payment IS required AT the IdentoGo fingerprinting location at the time of your appointment. Employees with existing active results in WV Cares are not required to re-print.***

AND \$25 made payable to Palco (also include participant and worker name on payment):
 Money order Number # _____ or Cashier's check Number # _____

PERSONAL CHECKS ARE NOT ACCEPTED

• If you need to change your appointment date, please call IdentoGo at 855-766-7746



After submitting a completed application:

- Palco will schedule your fingerprinting appointment at the IdentoGo location near you.
- Palco 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.
 - o Cashier's Checks, Money Orders, Debit, and Credit Cards are all accepted for payment.
 - o Current photo ID is required.

PALCO WILL CONTACT YOU WHEN SERVICES CAN START.



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

Check Program: IDD ADW TBI

Palco will schedule the initial appointment on your behalf through WV CARES. Please fill out the form below.
You will not be able to work until Palco receives your fitness determination notification.

Applicant/Employee Name:	Has the applicant completed a CBC through WV CARES within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant Name:	Resource Consultant Name:
What Date and Time are you available for your fingerprint appointment? <i>Please list more than 1 option:</i>	
<input type="checkbox"/> Monday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Tuesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p
<input type="checkbox"/> Wednesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Thursday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p
<input type="checkbox"/> Friday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	
How do you want to be notified of your fingerprint appointment?	
<input type="checkbox"/> Phone:	
<input type="checkbox"/> Mailing Address:	
<input type="checkbox"/> Email:	
<i>*Payment IS required AT the IdentoGo fingerprinting location at the time of your appointment. Employees with existing active results in WV CareS are not required to re-print.</i>	
AND \$25 made payable to Palco (also include participant and worker name on payment): <input type="checkbox"/> Money order Number # _____ or <input type="checkbox"/> Cashier's check Number # _____	
PERSONAL CHECKS ARE NOT ACCEPTED	
• If you need to change your appointment date, please call IdentoGo at 855-766-7746	

Palco Office Use ONLY

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 ever been convicted of, pled guilty or nolo contendere (no contest) to a misdemeanor or felony in any state or federal court ?		
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 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: _____

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 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).

WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

REQUEST FOR VARIANCE OF FITNESS DETERMINATION – Applicant Request

Date: _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

Application Number: _____

PART I

Pursuant to the WV CARES Act and W.Va. St. R. §69-10-1 et seq., I request a variance of my eligibility determination. This variance is requested based on the following mitigating circumstances (check all that apply):

- Passage of time
- Extenuating circumstances such as the applicant's age at the time of conviction, substance abuse, or mental health issues
- Demonstration of rehabilitation such as character references, employment history, and training
- Relevancy of the particular disqualifying offense(s) with respect to the type of employment sought
- Other – Please explain: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

PART II

Please provide an explanation for this variance request: _____

Please attach additional documentation relevant to the variance request review and submit, along with this form, by email to wvcares@wv.gov. If you have any questions or require additional information, please contact our office at (304) 558-2278.

I understand that, pursuant to the WV CARES Act and W.Va. St. R. §69-10-1 et seq., I may be provisionally employed for no more than 60 days pending the review of this variance request. Furthermore, I understand that I shall receive direct onsite supervision while the variance request is being reviewed.

Signature: _____ Date: _____