

STATEMENT OF CRIMINAL RECORD

Facility/Provider: _____
Address: _____

Name (print full name): _____
Maiden name and Aliases: _____
Social Security Number: _____

Authorization

I authorize the West Virginia Department of Health and Human Resources and/or the above named facility to conduct a criminal background check as a condition of my providing care for children and/or adults. I understand that criminal records in this state or any other state may be checked as well as records with the Federal Bureau of Investigation. I authorize the contents of the criminal background record to be shared between the facility named at the top of this form and the Department.

Declaration

I have/ have not (*circle one*) been convicted of any crime, pled guilty, or pled nolo contendere to any crime.

List crimes for which convicted: _____
(Attach additional sheet if needed) _____

I am/am not (*circle one*) currently on probation or parole.
I am/am not (*circle one*) currently charged or indicted with any crime.
I will report any arrests to the facility named above or to the Department within 24 hours of the arrest.
I agree to cooperate with the Department in conducting a criminal history record check.

Understanding

I understand that pending charges or conviction of a felony offense or pending charges or conviction of more than one misdemeanor offense may result in denial of being a provider for the care of children or adults, or in the denial of employment with the above named facility.

Failure to disclose convictions, charges or indictments may result in denial of being a provider for the care of children or adults, or in the denial of employment with the above named facility.

Notice

All child and adult service providers in the state of West Virginia are subject to provisions of law creating a central abuse registry. Any person providing services for compensation to children or incapacitated adults, who is convicted of a misdemeanor or felony offense constituting abuse, neglect or misappropriation of property of a child or an incapacitated adult, is subject to listing on the central abuse registry. Listing on the registry may limit future employment opportunities. The facility/provider listed above is mandated to report all suspected instances of abuse, neglect or misappropriation of property to the proper authorities and will cooperate in the prosecution of these offenses.

Signature

Date

Witness (Facility Director or WV DHHR staff)