

HARBOR HOUSE MINISTRIES

Michigan Workforce Volunteer Background Check Consent and Disclosure

MCL 333.20173a, MCL 330.1134a, and MCL 400.734b require that a health facility/agency that is a:

- Nursing Home
- County Medical Care Facility
- Hospice
- Hospital that provides Swing Bed Services
- Home for the Aged
- Home Health Agency
- Adult Foster Care Facility (AFC)
- Psychiatric Hospital/Inpatient Unit

Shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility/agency or AFC until the health facility/agency or AFC conducts a fingerprint-based criminal history check.

An individual who applies for employment either as a volunteer or as an independent contractor or for clinical privileges with a health care facility/agency or AFC and has received a good faith offer of employment, an independent contract, or clinical privileges shall give written consent at the time of application for the health care facility/agency or AFC to conduct a criminal history check, including a state and Federal Bureau of Investigation (FBI) fingerprint-based check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

Note: Throughout this form:

- “Employee” includes persons independently contracted with and/or those granted clinical privileges and volunteers.
- Clinical privileges do not apply to adult foster care facilities.

Health Facility or Agency

Licensee Name: Harbor House Ministries Date: _____

Volunteer Applicant Name: _____

Facility Name/License Number: Pier Place – AM700257038; Beacon Place – AL700268722; Anchor Place – AM700285825

The health facility/agency or AFC:

- May not knowingly employ a worker/volunteer, having direct access to patients or residents, who has been convicted of a disqualifying crime or has been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property. “Direct access” means regular access to a patient or resident, or to a patient’s or resident’s property, financial information, medical records, treatment information, or any other identifying information.
- May terminate the background check or decide not to hire the individual at any stage of the process.
- Must ensure that any background check information provided will only be used for the purpose of determining an individual’s suitability for employment in a covered health care facility/agency or AFC.
- Must retain verification of compliance with background check requirements.
- Will make the final employment decision.

*This does not include a finding of abuse, neglect, or misappropriation (financial exploitation) substantiated under the Michigan Mental Health Code or Adult Protective Services Act.

Section I – Consent to Conduct Background and Criminal Record Checks

As a condition of being considered for volunteering:

a. I hereby consent to and authorize the health facility/agency or AFC to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a fingerprint-based search of state and federal criminal history records. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Licensing and Regulatory Affairs and State Police.

b. I hereby authorize the release of any relevant information to the health facility/agency or AFC to be used to conduct the background check as required under MCL 333.20173a, MCL 330.1134a, and MCL 400.734b.

c. I understand, except for a knowing or intentional release of false information, the health facility/agency or AFC has no liability in connection with a background check conducted under MCL 333.20173a, MCL 330.1134a, and MCL 400.734b or the release of criminal history record information for the purposes of making an employment decision.

d. I understand that the health facility/agency or AFC will make the final employment determination. I also understand that the health facility/agency or AFC may terminate the background check or decide not to hire me at any stage of the process.

e. I understand that the health facility/agency or AFC, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an applicant due to the employment decision.

f. I agree to provide the information necessary to conduct a criminal background check.

g. Privacy Act Statement:

a. Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) 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 regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

b. 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.

c. 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 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.

h. Procedure to Obtain a Change, Correction or Update of Identification Records: If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

i. Consent: I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature of Applicant: _____

Date: _____

Section II

This volunteer applicant information is required to process a complete and accurate criminal record check.

VOLUNTEER PERSONAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____ Suffix: _____

OTHER NAME(S) USED (MAIDEN NAME, ALIAS)

First Name: _____

Middle Name: _____

Last Name: _____ Suffix: _____

(Please use back of form or attach additional sheets if needed to report all other/alias names used)

Date of Birth: _____ Social Security Number: _____

Country of Citizenship: _____

Place of Birth (City, State/Province): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Gender: Female Male

Race: Asian Black Hispanic Native American Pacific Islander White All

ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____

Email Address: _____

Driver's License or State/Canadian ID Number: _____

State/Prov.

License/ID Number

RESIDENCY

Has this volunteer applicant resided in Michigan continuously for the past 12 months? YES NO

Title: Volunteer _____

Conditional Start Date: _____

PROFESSIONAL LICENSE(S)/CERTIFICATION(S)

1. License/Certification Number: _____

2. License/Certification Number: _____

3. License/Certification Number: _____

I have been advised by Harbor House that it is necessary to conditionally accept my volunteer services prior to receiving all of the results of the criminal history background investigation required by Public Act 29 of 2006. Accordingly, I make the following representations:

1. I swear under penalty of law that I have not been convicted of a felony or misdemeanor within the applicable time period that makes me ineligible, by law, to volunteer at Harbor House. I have reviewed the attached list of felonies and misdemeanors prior to making this representation.
2. I am not the subject of an order or disposition under section 16b of Chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.16(b) relating to findings of not guilty by reason of insanity.
3. I have not been the subject of substantiated findings of neglect, abuse, or misappropriation of property by a local, state or federal agency pursuant to an investigation arising in a skilled nursing facility in accordance with 42 USC 1395i-3 or 1396r, adult foster care facility, home for the aged, or other health care entity.
4. I agree that if the information in the criminal history investigation conducted under Public Act 29 of 2006 does not confirm my representations, my volunteer service will be terminated unless and until I can prove that the criminal history information is incorrect.
5. I understand the conditions set forth in Public Act 29 of 2006 that result in my volunteer service termination and agree that these conditions are in fact good cause for volunteer service termination.
6. I am aware that the provision of false information regarding my prior criminal history is a crime punishable by fines and/or imprisonment.

Signature

Date

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Section III
Volunteer Applicant Disclosure Statements

MCL 333.20173a, MCL 330.1134a, and MCL 400.734b, subsections (1)(a) through (g) describe crimes for which a conviction during the applicable time period will disqualify a person from being employed by, independently contracting with, or being granted clinical privileges in a covered health care facility/agency or AFC.

The above laws define “conviction” as, “... a final conviction, the payment of a fine, a plea of guilty or nolo contendere (no contest) if accepted by the court, or a finding of guilt for a criminal law violation or a juvenile adjudication or disposition by the juvenile division of probate court or family division of circuit court for a violation that if committed by an adult would be a crime.” For relevant crimes described under 42- USC 1320a-7(a), convicted means that term as defined in 42-USC 1320a-7. These definitions may include cases that resulted in an alternative sentencing agreement, including deferred or delayed sentences, and for relevant crimes under 42-USC 1320a-(7)(a), convictions which may have been expunged or set aside.

I hereby certify that:

a. I have not been convicted of 1 or more of the crimes described in subsection (1)(a) through (g) of MCL 333.20173a, MCL 330.1134a, or MCL 400.734b within the applicable time period described in each subdivision.

Initial _____ Date _____

b. I have never been found Not Guilty by Reason of Insanity. Initial _____ Date _____

c. I have never been the subject of a substantiated finding of neglect, abuse, or misappropriation of property resulting from an investigation conducted in accordance with 42 USC 1395i or 1396r. Initial _____ Date _____

If you are not able to certify a, b, or c above, please explain below:

Offense/Finding	Date	City, State	Sentence	Discharge Date

I certify that the above statements are correct and complete to the best of my knowledge:

Signature of Applicant

Date

**Section IV
Conditional Volunteer**

If the health facility/agency or AFC determines it necessary to employ me as a volunteer pending the results of the state and federal criminal history background check, I understand the following:

- a. If the background check reveals disqualifying information my employment will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged, or set aside.
- b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of patient or resident neglect, abuse, or misappropriation of property, I may be guilty of a misdemeanor punishable by imprisonment for not more than 93 days and/or a fine of not more than \$500.00.
- c. I understand that as a condition of continued employment, I am required to report in writing to the health facility/agency or AFC immediately upon being arraigned on a felony charge or convicted of one of more of the criminal offenses as described in MCL 333.20173a, MCL 330.1134a, and MCL 400.734b, or upon becoming the subject of an order or dispositional finding of "Not Guilty by Reason of Insanity," or upon being the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property. Reporting of an arraignment is not cause for termination or denial of employment.

Signature of Applicant

Date

**Section V
Applicant Rights**

- a. I understand that upon my request, the health facility/agency or AFC can provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. I understand that if I believe the results of any disqualifying information found of any relevant registry is inaccurate, it is my responsibility to contact the agency that maintains the registry to correct the registry information.
- c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file an appeal with the Department of Licensing and Regulatory Affairs.

Signature of Applicant

Date

Section VI

Agreement to Notify Executive Director or Designee of Arraignment, Arrest or Conviction

Pursuant to Public Act 29 of 2006 I agree that as a condition of continued volunteer service, I will immediately report to the HHM Executive Director or Designee any arraignment, arrest or conviction of one or more of the criminal offenses listed below:

Felony - Any felony or an attempt or conspiracy to commit any felony.

Misdemeanor - A misdemeanor listed below.

- involving abuse or neglect.
- involving cruelty or torture unless otherwise provided under section (e) of PA 29 of 2006.
- involving criminal sexual conduct.
- involving abuse of a vulnerable adult under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.
- involving the use of firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or the use of force or violence or the threat of the use of force or violence.
- involving cruelty if committed by an individual who is less than 16 years of age.
- involving home invasion.
- involving embezzlement.
- involving negligent homicide.
- involving larceny unless otherwise provided under section (g) of PA 29 of 2006.
- retail fraud in the second degree unless otherwise provided under section (g) of PA 29 of 2006.
- any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under section (d), (f), or (g) of PA 29 of 2006.
- for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
- of retail fraud in the third degree unless otherwise provided under subdivision (g) of PA 29 of 2006.
- a misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, unless otherwise provided under section (g) of PA 29 of 2006.
- a misdemeanor under part 74 of the public health code, 1978 PA 368, MCL. 333.7401 to 333.7461 relating to controlled substances, if the individual, at the time of conviction, is under the age of 18.
- a misdemeanor for larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.

Relevant Crime Described Under 42 USC 1320a-7 (Federal Social Security Act) which included felony relating to controlled substance, felony relating to health care fraud, criminal offense relating to neglect or abuse of patients in connection with the delivery of a health care item or service, and program-related crimes related to the delivery of an item or service under Subchapter XVIII of Chapter 7 of the Federal Social Security Act or under any state health care program.

I also agree to immediately report whether I become the subject of an order or disposition finding of not guilty by reason of insanity.

I further agree to immediately report being the subject of substantiated finding of neglect, abuse, or misappropriation of property by a local, state or federal agency pursuant to an investigation conducted in relation to a skilled nursing facility in accordance with 42 USC 1395i-3 or 1396r, adult foster care facility, home for the aged, or other health care entity.

Signature of Applicant

Date

The Michigan Department of Licensing & Regulatory Affairs will not discriminate against any individual or ground because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the Americans with Disabilities Act if you need assistance with reading, writing, hearing, etc.

**Section VII
Disclaimer**

The state of Michigan is not responsible for any additional information, requirements, or use of any substitute forms that the above-named health facility/agency or AFC provides to the applicant.

THIS FORM MUST BE MAINTAINED IN THE VOLUNTEER APPLICANT FILE AND SHALL BE MADE AVAILABLE TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS UPON REQUEST.

If you are concerned about maintaining personal information in the file, you may only black out the following information as all additional information is required by Michigan State Police:

- **Social Security Number**
- **Telephone Number**
- **Address Email Address**
- **Driver's License Number**
- **Professional License/Certification Number(s)**