LOVE RESPECT AND CARE HOME HEALTH AIDE Criminal History Background Check Policy

Love Respect and Care Home Health Aide, (hereinafter "Agency"), requires all employees prior to any offer of employment; to successfully pass a state mandatory criminal background check. Agency is prohibited from hiring and or retaining any individual(s) with a prohibited conviction or Department of Aging ineligibility.

Agency Policies Background Check Investigation adheres to the Background Investigation guidelines as required under PA CODE s 611.52 (a-j).

- (a) General rule. The home care agency or home care registry; an applicant for employment as a member of the office staff for the home care agency or home care registry and the owner or owners of the home care agency or home care registry are also required to obtain a criminal history report in accordance with requirements contained in this section.
- **(b) State Police criminal history record.** If the individual is required to submit or obtain a criminal history report and has been a resident of the Commonwealth for 2 years preceding the date of the request for a criminal history report, the individual shall request a State Police criminal history record.
- (c) Federal criminal history record. If the individual is required to submit or obtain a criminal history report and has not been a resident of this Commonwealth for 2 years immediately preceding the date of the request for a criminal history report, the individual shall obtain a Federal criminal history record and a letter of determination from the Department of Aging, based on the individual's Federal criminal history record, in accordance with 6 Pa Code \$15.144(b) (relating to procedure).
- (d) **Proof of residency.** The home care agency or home care registry may request an individual to submit or obtain a criminal history to furnish proof of residency through submission of any one of the following documents:
 - (1) Motor vehicle records, such as a valid driver's license or a State-issued identification.
 - (2) Housing records, such as mortgage records or rent receipts.
 - (3) Public utility records and receipts, such as electric bills.
 - (4) Local tax records
 - (5) A completed and signed, Federal, State or Local income tax return with the applicant's name and address preprinted on it.
 - (6) Employment records, including records of unemployment compensation.
- (e) **Prohibition**. The home care agency or home care registry may not hire, roster or retain an individual if the State Police criminal history record reveals a prohibited conviction listed in 6 Pa. Code \$ 15.143 (relating to facility responsibilities), or if the Department of Aging letter of determination states that the individual is not eligible for hire or roster.
- (f) Records maintained. The home care agency or home care registry shall maintain files for the direct Care workers and members of the office staff, which include copies of State Police criminal history records or Department of Aging letters of determination regarding Federal criminal history records. The files shall be available for Department inspections. The agency or registry shall maintain copies of the criminal history report for the agency or registry owners, which shall be available for Department inspection.
- **(g) Confidentiality.** The home care agency or home care registry shall keep the information obtained from The State Police criminal history records and Department of Aging letters of determination regarding Federal criminal history records confidential and use it solely to determine an applicant's eligibility to be hired, rostered or retained.

- (h) Opportunity to appeal. If the decision not to hire, roster or retain an individual is based in whole or in part on State Police criminal history records, Department of Aging letters of determination regarding Federal criminal history records, or both, the home care agency or home care registry shall provide an affected individual with information on how to appeal to the sources of criminal history records, if the individual believes the records are in error.
- (i) Exceptions. A direct care worker who has complied with this section and who transfers to another agency or registry owned and operated by same entity is not required to obtain another criminal history report. A direct care worker employed or rostered by an entity that undergoes a change of ownership is not required to obtain another criminal history report to submit to the new owner.
- (j) Individuals currently employed or rostered. A direct care worker and each member of the agency or registry office staff who is employed by or rostered by a home care agency or home care registry as of December 12, 2009, shall obtain and submit a State Police criminal history record or Department of Aging letter of determination as applicable, to the home care agency or home care registry by April 12, 2010. This subsection does not apply if the home care agency or home care registry obtained a criminal history report meeting the requirements of this subsection when the direct care worker or office staff member was hired or rostered and a copy of the report is included in the individuals file.

In connection with my application for employment, my continued employment, or in connection with my desire to engage in home care services for Agency, I have been advised and I hereby consent and authorize either agency or its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that will include, but not be limited to, a criminal record check, employment and education verifications, verification of personal references and reputation and driving record.

I do hereby consent and authorize either Agency or its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either Agency or any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

(PLEASE PRINT ALL INFORMATION CLEARLY)

Name:	First	M.	Last
Current Address:			
City		State	Zip Code
Date of Birth		County	
Driver License No:	S	tate Licensed issued:	
Proof of Residency Doc	uments(S): (Ple	ease check a circle for the do	cument you are submitting)
A Valid driver's license	or a State-issue	ed identification. (REQUIRED)
Housing records, such a		•	
Public utility records ar Local tax records	ia receipts, suc	n as electric bills.	
	-	e or local income tax return	with the applicant's name an
Employment records, in	ncluding record	s of unemployment compen	sation.
Signature:		Date:	