STATE OF MISSOURI

CAREGIVER BACKGROUND SCREENING

AGENCY USE

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

SECTION A: TYPE OF SCREENING (Check as many as applicable)

- [X] 1. Child Abuse or Neglect File (No charge, Notary req)
- [X] 2. Family Foster Care Licensing (No charge)
- [X] 3. Department of Health and Senior Services Employee Disqualified List (No charge)
- [X] 4. Department of Mental Health Disqualified Registry (No charge)
- [X] 5. Child Day Care Licensing (No charge)
- [ ] 6. State Criminal Background Check/Sexual Offender Registry - Name Search ($12.00)

SECTION B: REQUESTOR INFORMATION

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME		REQUESTOR'S TELEPHONE	
Sandra Oswalt, Boone County Probate Supervisor		(573) 886-4093	
REQUESTOR'S ADDRESS	CITY	STATE	ZIP CODE
Probate Division 705 East Walnut	Columbia	MO	65201
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING

CAREGIVER NAME(LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX ☐ MALE ☐ FEMALE	RACE
ALIAS NAME(S)				

ADDRESSES FOR THE LAST 3 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK 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 to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE

SECTION E: NOTARY INFORMATION (Required for screening type 1. See Section A above)

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590 (1-15)

Boone County Courthouse	◀ ATTN (REQUESTOR'S NAME)
Probate Division	◀ ADDRESS 1
705 East Walnut	◀ ADDRESS 2 (IF APPLICABLE)
Columbia MO 65201	◀ CITY, STATE, ZIP CODE

MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

1. Child abuse/neglect records, maintained by the Division of Family Services (573) 751-2330
2. Family Foster Care Licensing records, maintained by the Health and Senior Services (573) 522-2449
3. The Employee Disqualification List, maintained by the Health and Senior Services (573) 522-2449
4. The Disqualified Registry, maintained by the Department of Mental Health (573) 751-8567
5. Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
6. State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

1. Once completed, send the form to the appropriate address below.
2. **If you have a question about a particular response, please call the agency that sent you the response at the phone number above.**

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

BLOCK I (To be completed by the requestor, or person obtaining information)

Section A: Type of Screening

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for $12 payable to the Missouri State Highway Patrol. In addition, screenings for option 1, the child abuse or neglect file, require a notary public to witness the caregiver's signed authorization to release information (See Section D and E). All other screenings are considered open information under state statute and do not require a notary's verification.

Section B: Requestor's Information

The requestor must complete Section B.

BLOCK II (To be completed by the caregiver, or person being screened)

Section C: Identifying Data for Background Screening

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

Section D: Authorization to Release Background Check Information

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screening 1 is selected.

Section E: Notary Information

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

BLOCK III (To be completed by the requestor, or person obtaining information)

The requestor must complete Block III by providing return address information.

Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.

SCREENINGS 1, 2, 3, 5 AND 6 SHOULD BE SENT TO:

Missouri State Highway Patrol
Criminal Justice Information Services Division
P.O. Box 9500
Jefferson City, MO 65102

SCREENING 4 SHOULD BE SENT TO:

Department of Mental Health
Central Office
1706 East Elm
Jefferson City, MO 65101
or Fax - (573) 526-4561