



**ADULT DAY CARE
FINGERPRINT SAMPLE
REGISTRATION/
CRIMINAL /JUVENILE HISTORY
& STATE REGISTRY REVIEW
DISCLOSURE FORM**



1-877-862-2425

IF YOU FALSIFY INFORMATION ON THIS FORM, YOU WILL BE SUBJECT TO PROSECUTION

Note to Applicant: Failure to answer all of the questions on this form may result in the rejection of your application. Call the Cogent Systems Call Center at 1-800-964-7690 or log on to <http://www.tnprints.com> to pay for your criminal/juvenile history background check, and then call 1-877-862-2425 or log on to <http://www.tennessee.cogentid.com> to register for an appointment to provide your fingerprint sample – be prepared to provide the information on this form to the Call Center or online when you register. You must bring a valid state or federal photo ID (drivers license, passport, military ID) and this Disclosure Form to your appointment to provide your fingerprint sample. The fingerprint technician must sign this form after you have submitted your fingerprint sample, and you must return this signed Disclosure Form to the agency/center at which you are applying to be an employee, resident, volunteer, or caretaker.

DHS ORI #: TN DHS 000Z TRANSACTION TYPE - DT											
Name of Agency: _____											
Full Provider ID (FEIN) # (including extension / suffix): <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">A</td> <td style="width: 20px;">D</td> <td style="width: 20px;">U</td> <td style="width: 20px;">L</td> <td style="width: 20px;">T</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	A	D	U	L	T						
A	D	U	L	T							
Street Address of Agency: _____											
<u>Start Date & Position Verification</u> (information in this box to be completed by the agency director): Will the duties of the person identified in Part 1 include driving for the agency? Yes <input type="checkbox"/> No <input type="checkbox"/> Prospective Start Date ____/____/____ Position: _____ I acknowledge that the law requires a fingerprint application to be submitted for this individual and attest that the information within this box is accurate. _____ Agency Director Signature Date											

Part 1 Applicant Information:

Last Name _____

First Name _____

Full Middle Name _____

Please list any other names you have ever used, including maiden name: _____

Date of Birth _____

Place of Birth (City, State) _____

Social Security Number _____

Driver's License # _____ State of Issue _____

Home Address _____

City _____ County _____

State _____ Zip Code _____

Daytime Phone _____

Alternate Phone _____

List work history for the last five (5) years. If you need more space, use a separate sheet of paper.

Employer Name	From	To	Your Position

Continued On Back Side

Part 2 Information for Criminal/Juvenile History background check and State Registry Review:

Name	Height	Weight	SSN

Hair Color	Eye Color	Race	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Part 3 Additional Questions:

Employment with an adult day care center depends upon the outcome of the criminal/juvenile history background check and state registry reviews. This means that if a criminal or juvenile history background check determines that you have been convicted, or have pled guilty or no contest to certain crimes, or a juvenile court has found that you committed an offense that would be an excludable crime if you were an adult, or if you have certain pending criminal or juvenile charges, or you are indicated on the **Department of Children’s Services** indicated **abuse perpetrator Registry**, the **Department of Health’s Vulnerable Persons Registry**, the Tennessee Bureau of Investigation’s **Sexual Offender Registry**, you will not be able to be **work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to the center/agency.**

You must answer the following questions even if your records, including juvenile records, were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or lawyer, told you that you no longer have a record.

Have you **EVER**:

1. Been arrested, cited, or detained by any law enforcement officer (including military police)? Yes No
2. Been charged with committing any crime or offense as a juvenile or an adult? Yes No
3. Been convicted/found to have committed, pled guilty or pled no contest to any crime or juvenile offense? Yes No
4. Been arrested for, charged with, convicted/found to have committed, pled guilty or pled no contest to DUI or DWI? Yes No
5. Been placed in an alternative sentencing or rehabilitative program as a juvenile or an adult (For example: diversion, deferred prosecution, withheld adjudication)? Yes No
6. Received a suspended sentence, been placed on probation, or been paroled? Yes No
7. Been in jail, prison, or a juvenile/youth detention facility? Yes No
8. Been charged with the violation of an order of protection? Yes No
9. Been listed on the TBI sexual offender registry or sexual offender registry in any other state? Yes No
10. Been listed in the TN Department of Health vulnerable persons registry? Yes No
11. Been listed on the TN Department of Childrens Services’ indicated abuse perpetrator Registry for abuse or gross neglect? Yes No

If you answered “YES” to any of questions 1 through 8, you must complete the following table: (if you need more space, please use a separate sheet)

What was the criminal charge or juvenile offense?	Date	Location	Outcome or disposition

Please explain any circumstances that should be considered in determining whether to allow you to **work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to the center/agency** :

The penalty for falsification of the information required on this form is criminal prosecution and can result in a jail sentence of up to eleven (11) months and twenty-nine (29) days or a fine of up to twenty-five hundred dollars (\$2500), or both. I certify, under penalty of law, that the information I have provided is complete and accurate. I authorize the release of any adult criminal or juvenile offense or any abuse registry records, or any information in the records, and any disclosures made in this form, to the agency at which I will be employed and to the Department of Human Services and any person or entity it may designate to assist in the review of my criminal/juvenile or abuse registry history.

Applicant Signature

Date

Fingerprint Technician Signature (or initials)

Date