

Tennessee Department of Human Services

Adult Day Care Services Criminal/Juvenile History & State Registry Review Disclosure

Fingerprint Registration Website & Call Number: http://www.identogo.com 1-855-226-2937

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

Note to Applicant: Log on to www.identogo.com or call 1-855-226-2937 to register and pay for your background check, and to schedule an appointment to provide your fingerprint sample. Be prepared to provide the information on this form when you register online or by phone. You must bring a valid state or federal photo ID (driver's license, passport, military ID). The fingerprint technician will give you a receipt after you have submitted your fingerprint sample, and you must return this receipt to the agency. The agency must attach the receipt to this form, which must be filed with the agency's staff records.

DHS ORI #: TN DHS 000Z TRANSACTION TYPE - DT								Part 1 Applicant Information:						
Name of Agency:									Last Name					
								First Name						
Full	Provid	er ID (F	EIN) # (inc	luding	exte	nsion	ı / suf	Full Middle Name						
									Please list any other names you have ever used, including maiden name:					
Stre	et Add	ress of A	Agency:							ianic.				
3 ,								Date of Birth:						
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Start Date & Position Verification (information in this box to be completed by the agency director):								Social Security Number:						
Prospective Start Date: / / Position:								Home Address:						
		dae that	t the law re	auire	s a fir	ngern	rint							
арр	lication	to be su	ubmitted fo	or this	indivi	idual	and a	attest						
application to be submitted for this individual and attest that the information within this box is accurate.														
					10 40	Curat	С.							
					10 40	Curat			City:		County:			
Age	ency Di	rector	Signature					Date	City:		County: Zip Code:			
Age	ency Di	rector S	Signature			Curat		Date	State:		<u> </u>			
Age	ency D	rector \$	Signature			Curat		Date	State: Daytime Phone:		<u> </u>			
Age	ency Di	rector S	Signature			Curat		Date	State:		<u> </u>			
	•	rector s			10 40	Curat	G .	Date	State: Daytime Phone:		<u> </u>			
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Fing Will If ye	gerprir Driver the dues, plea	nt Date:	1 1						State: Daytime Phone: Alternate Phone:	Yes [Zip Code:			
Fine Will If ye Driv	gerprir Driver the du es, plea	s ONLY ties of th se provi	/ / ne person i	owing	ied in	Part	1 inc	lude drivi	State: Daytime Phone: Alternate Phone: ng for the agency? State of		Zip Code:			
Fine Will If ye Driv	gerprir Driver the du es, plea	s ONLY ties of th se provi	/ / ne person i	owing	ied in	Part	1 inc	lude drivi	State: Daytime Phone: Alternate Phone: ng for the agency?		Zip Code:			
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Fing Will If ye Driv	gerprir Driver the du es, plea rer's Lic	s ONLY ties of th se provi	/ / ne person i	owing ive (5)	ied in	Part	1 inc	lude drivi	State: Daytime Phone: Alternate Phone: ng for the agency? State of e space, use a separate		Zip Code: NO of paper.			

Continued on Next Page

Part 2 Information	for Criminal/Juve	nile Histor	y back	ground check and	State Regist	y Review:		
Name	Height	Weight			SSN			
	i i i i i i i i i i i i i i i i i i i		1101,	5				
Hair Color	Eye Color	Race			Sex			
					N	lale 🗌	Female	
	Pai	rt 3 Additio	onal Qı	uestions:				
Employment with an adult care a registry reviews. This means that have pled guilty or no contest to excludable crime if you were an Department of Children's Service . Tennessee Bureau of Investigat substitute services to, reside You must answer the followin cleared or if anyone, including	at if a criminal or juvel certain crimes, or a j adult, or if you have vices indicated abuse ion's Sexual Offendo in, or have any acce g questions even if	nile history to uvenile cour certain pende perpetrate registry ass whatsodyour record	backgro rt has fo ding crin or Regi , you wil ever to ds, incl	und check determines und that you committe inal or juvenile chargestry, the Department I not be able to be wothe agency. uding juvenile record	that you have led an offense thes, or you are in of Health's Abork in, volunteeds, were sealed	peen convict at would be ndicated on to suse Regist r at, provided or otherwi	ted, or an the ry, the e	
Have you EVER:	datain ad bu anular					Yes □	No □	
	, , , , , , , , , , , , , , , , , , , ,							
been convicted/found to juvenile offense?	been convicted/found to have committed, pled guilty or pled no contest to any crime							
4. been arrested for, charg		found to ha	ave cor	nmitted, pled guilty o	or pled no	Yes ☐ Yes ☐	No □ No □	
	contest to DUI or DWI?							
(For example: diversion	5. been placed in an alternative sentencing or rehabilitative program as a juvenile or ar (For example: diversion, deferred prosecution, withheld adjudication)?							
6. received a suspended s7. been in jail, prison, or a				or been paroled?		Yes ☐ Yes ☐	No ☐ No ☐	
8. been charged with the						Yes 🗌	No 🗆	
9. been listed on the TBI s	exual offender regi	stry or sex	ual offe		other state?	Yes 🗌	No 🗍	
10. been listed in the TN De11. been listed on the TN De					rator registry	Yes	No 🗌	
for abuse or neglect?	epartifient of Child	en s Servic	ces ind	icated abuse perper	irator registry	Yes 🗌	No 🗌	
You must complete the follow	ing table if you ans	wered "YES	S" to an	y of the questions in	1 through 11	of Part 3 ab	ove: (if	
you need more space, please	use a separate shee	et)						
What was the criminal charge or registry listing?	e, juvenile offense,	Date		Location	Outco	me or Disp	osition	
		1 1						
		1 1						
Please explain any circumsta							olunteer	
at, provide substitute servi The penalty for falsification of							1	
sentence of up to eleven (11) both. I certify, under penalty of law, adult criminal or juvenile offer made in this form, to the agen entity it may designate to assi	months and twenty- that the information use or any abuse re- ucy at which I will be	nine (29) dan I have progistry recor	ays or a ovided is rds, or a and to	i fine of up to twenty is complete and accu any information in th the Department of H	-five hundred of trate. I authoriz te records, and uman Services	dollars (\$25 te the releas any disclo	00), or se of any sures	
Applicant Signature					 Date			

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: Adult Day Care Agency

RDA: Pending

HS-2680 (Rev. 10.22)

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Note: Please see information about the privacy rights of noncriminal justice applicants on the next page.

The information on this page serves as written notification that your fingerprints will be used to check the criminal history records of the FBI. If you have a criminal history record, and you wish to complete or challenge the accuracy of the information in the record, please follow the procedures outlined below.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating
 of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR),
 Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d)