

# Independent Contractor/Waiver Home Employee Application

How did you hear of our agency? \_\_\_\_\_

Please send your resume with this application if you have additional information.

Check which service(s) you are interested in providing:

Respite    SCL    CDAC    IMMT    Home-Based Habilitation    Waiver Home

Name \_\_\_\_\_

Maiden name, any previous married names, and any alias \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Social Security # \_\_\_\_\_

**PLEASE NOTE:** *Family Resource Center will request reference checks from employers and/or personal reference.*

**EMPLOYMENT HISTORY. Start with present/most recent position.**

**ORGANIZATION** \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Your name at time of employment \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Your name at time of termination from this employment \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Your name at time of termination from this employment \_\_\_\_\_

## **PERSONAL REFERENCE (other than a family member)**

Personal Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Your name at time of acquaintance with this individual \_\_\_\_\_

## **PLEASE CHECK:**

I am a citizen or national of the United States.

I am a lawful Permanent Resident.

I am an alien authorized to work.

**PLEASE NOTE:** *If you are offered a contract to provide services, we have the right to ask for proof of employment eligibility or citizenship.*

*Last Revised 5/16*

*Family Resource Center, 502 W. 7<sup>th</sup> Street, Carroll, IA 51401*

# Independent Contractor/Waiver Home Employee Application

**PLEASE COMPLETE:**

Do you have a current Iowa Driver's License?     Yes     No (if no, please explain)

---

Do you have current Automobile Liability Insurance?     Yes     No (if no, please explain)

---

Have you ever been arrested or convicted of a Criminal Offense?     No     Yes (if yes, please explain)

---

Do you give permission to Family Resource Center to obtain your Criminal background check? This information will be sent to Family Resource Center and maintained in your provider file.     Yes     No  
(if no, please explain) \_\_\_\_\_

\*\*\*\*\*

**EXPERIENCE - Applicants must have at least one year experience with individuals who have mental and/or physical disabilities.** Please describe your experience and include the dates of that experience.

---

---

---

---

---

**SPECIAL TRAINING AND INTERESTS - Please check all that apply.**

- Interested in supporting individuals with cooking and kitchen safety skills.
- Interested in supporting individuals with their money and making purchases.
- Interested in supporting individuals with budgeting funds and balancing their checkbook.
- Interested in supporting individuals with housekeeping and home safety skills.
- Interested in supporting individuals with appropriate social skills in the community and with friends.
- Interested in supporting individuals with planning and participating in community activities.
- Interested in providing respite activities and care for consumers.
  - Sign language
  - Communication devices
  - CPR certification
  - Child & Dependent Adult Abuse Reporting certification
  - Other:
  - Language other than English:
  - Lifting devices
  - First Aid certification

Name \_\_\_\_\_ Date \_\_\_\_\_



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: 8154  
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax

Send results to:

Name: CCCPCA-Family Resource Center  
Address: 502 W 7<sup>th</sup> St  
Carroll, IA 51401  
Phone (712)792-6440  
Fax (712)792-3435

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Release Authorization:** Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

**\*\*\*This form (DCI-77) is the only approved release authorization form for this purpose.\*\*\***

**Release Authorization:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

**Release Authorization Signature:** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

### **Release Authorization Information:**

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

### **General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.



# Request for Child and Dependent Adult Abuse Information

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:  
 Child abuse request       Dependent adult abuse request       Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.  
 Address       Fax       Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last	First	Agency Name	Telephone Number ( )
Address			Fax Number ( )
City	State	Zip Code	Email
Relationship to the persons listed in Section 2 or 3:			
Purpose for request:			
State the Iowa Code section that allows access to the child or dependent adult abuse information requested:			
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.			
Signature of Requester			Date

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

**Section 2: List the name and address of the person whose record is being checked.**

Last	First	Middle	Birth Date	Social Security Number	
Address		City	County	State	Zip Code
List maiden name, any previous married names, and any alias:					

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

**Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.**

Last	First	Middle	County	Birth Date	Social Security #
Address			City	State	Zip Code
List maiden name, any previous married names, and any alias:					

**Section 4: Registry or designee decision.**

This request for information is approved.  
 This request for information is denied because:

Signature of Registry or Designee	Date
-----------------------------------	------

## Reference Check Permission

*To be completed by Applicant and returned to:*

*Family Resource Center, 502 W. 7th Street, Carroll, Iowa 51401*

Applicant's Name:

Maiden Name, any previous married names, and any alias.

Position(s) Applied For:

Respite  SCL  CDAC  IMMT  Home-Based Habilitation  Waiver Home

I give permission to Family Resource Center to contact my current and former employer(s) and personal reference.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_