

Veteran Directed Care Program
Waiver of Background Investigation Form
Copy to MAP and MDoA

Veteran Name & Last Four: _____

Background Investigation

Veterans in the Veteran Directed Care Program are responsible for their own safety.

Veterans should tell everyone interviewed as a potential employee that a criminal background check might be requested.

All individuals who will be rendering care to a Veteran of this Program must be willing to have a criminal background check.

Waiving a Criminal Background Check or History

A Veteran in this Program may waive a background check regarding a potential employee.

A Veteran may hire a person with a criminal history.

Potential Employee Name: _____

Please initial the applicable waiver/s:

_____ I have requested a Criminal Background from the Fiscal Agent.

_____ I waive a Criminal Background Check on this potential employee.

_____ I want to hire this potential employee even though a criminal background check demonstrates that he or she has a criminal history.

I understand that, by signing below, I assume responsibility for, and all liability associated with, my decision to waive a criminal background check or hire a person with a criminal history. I hereby knowingly release the Maryland Department of Aging, the Maryland Access Point, the Fiscal Agent, and the Veterans Administration Medical Center from all claims related to my decision.

Printed Name: _____ Date: _____

Participant Signature: _____

Witness Signature: _____