

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION
Helping people. It's who we are and what we do.



Dena Schmidt
Administrator

ADSD SELF-DIRECT PROGRAMS EMPLOYEE OR AUTHORIZED REPRESENTATIVE ANNUAL SELF-DECLARATION FORM REGARDING CRIMINAL CONVICTION

The Nevada Aging and Disability Services Division (ADSD) requires annual self-disclosure and acknowledgment of the following (please initial next to each statement):

- 1) I understand that I am required to disclose **all** criminal convictions immediately. I will self-report to my employer, case manager, and/or agency that coordinates and reimburses me for self-directed care. _____
- 2) I acknowledge that I am required to report any arrest within 5 business days to my employer. _____
- 3) I acknowledge that I have not been convicted of any of the offenses listed below within the preceding 12-month period. _____
- 4) If I have been convicted or arrested for a criminal offense of any type in the preceding 12-month period that has not been disclosed, I have attached a detailed statement that provides the date(s), type of criminal offense(s), location(s) of arrest, and circumstance(s). _____

Criminal Offenses:

- Abuse, Neglect, and/or Exploitation of a person of any age.
- Murder or Voluntary Manslaughter.
- Assault of any kind.
- Domestic Violence.

Print Name

Position: ☐ Employee ☐ Authorized Representative

Signature

Date

If convicted of any criminal offense in the past 12 months, please submit a detailed statement that provides the date(s), type of criminal offense(s), location(s) of arrest, and circumstance(s). This form must also be completed.

- A criminal conviction of **any or all** of the above offenses will result in exclusion from employment through ADSD's self-direct programs.
- A criminal conviction of offenses that are not listed above may be considered on a case-by-case basis. Arrests or criminal convictions for other offenses (those not listed above) do not automatically result in exclusion from employment or for authorized representatives through ADSD's self-direct programs. Further action may be needed.
- Failure to provide truthful, accurate, and timely information is grounds for termination of service, employment, or eligibility for ADSD's self-direct programs.
- Annual self-declaration forms that are received by ADSD or ADSD's designee (case manager or agency coordinating employment) after the annual deadline may result in suspension or termination of employment.
- Failure to take further action as requested (i.e. providing additional documentation, completing additional background checks, etc.) may result in result in suspension or termination of employment.