



Background Check Employee Self Disclosure

NV PD Waiver Program

Employee's Full Name: _____ SSN (Last 4 Digits): _____

Step 1: Have you received background check results within the last five years for another recipient who is using self-direction with FMS (Acumen)? ☐ YES (Date of prior background check: _____) ☐ NO

Step 2: If you answered "NO" to Step 1, have you submitted fingerprints, background check documents and payment to the Department of Public Safety? ☐ YES (Date submitted: _____) ☐ NO

Step 3: Indicate by checking "Yes" or "No" to self-disclose if you (the potential employee) have **ever been** convicted of any of the following:

- | | |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Murder, voluntary manslaughter or mayhem. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Assault or battery with intent to kill or to commit sexual assault or mayhem. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Abuse or neglect of a child or contributory delinquency. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Abuse, neglect exploitation or isolation of any older persons or vulnerable persons, including, a violation of any provision of NRS 200.50955 or 200.5099, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | A violation of any provision of NRS 422.450 to 422.590, inclusive, relating to Nevada's State Plan for Medicaid. |

(Please note, Acumen will not proceed with enrollment if you select "Yes" to any of the offenses above.)

Step 4: Indicate by checking "Yes" or "No" if there has been anything within the past 7 years that you have been convicted of that may show on your background check, but not included on the above list:

☐ YES ☐ NO _____

Step 5: *By signing below, I attest that the above information is truthfully and accurately reported. I understand that if it is determined through the background check that any of the above information has been misrepresented, that I will be immediately terminated and will not be permitted to receive further payment.*

Employee's Signature

Date