



SD EMPLOYEE BACKGROUND WAIVER

Date: _____

DWIHN Member: _____ Member ID: _____

Legal Representative (if applicable): _____

Email Address: _____ Telephone #: _____

CRSP: _____ Support Coordinator: _____

Fiscal Management Service: _____
Personal Accounting Services

DIRECT CARE WORKER: _____ D.O.B. _____

DH Email Address: _____ DH Phone #: _____

BACKGROUND CHECK WAIVER

By reviewing and signing below, I (person receiving Behavioral Health Services and/or their legal representative) will assume all risks of this decision and agree to hold DWIHN and the affiliates harmless from any and all liabilities, claims, costs, expenses related to any loss, damage or injury that may arise out of employing _____ as a Direct Care Worker.

1. I understand that I have the right to choose and hire staff of my choice to assist me.
2. I am aware that a detailed Criminal Background Check is required of all prospective workers before hire and then annually thereafter. An example would be ICHAT (Internet Criminal History Access Tool-free to Non-Profits- State of Michigan only) www.michigan.gov/ichat.
3. I have been informed that my potential Direct Care Worker has activities listed that are not on the Federal exclusion list (<https://oig.hhs.gov/exclusions/background.asp>) which allows them to be employed as long as a waiver is signed.
4. I have considered the information in choosing to hire _____ as my Direct Care Worker.

Member or Legal Representative

Date

Employee/Direct Hire/Staff person

Date