



STATE OF MISSOURI  
**CAREGIVER BACKGROUND SCREENING  
REQUEST FOR DEPARTMENT OF MENTAL HEALTH  
DISQUALIFICATION REGISTRY SCREENING**

AGENCY USE

**BLOCK I - TO BE COMPLETED BY THE REQUESTOR**

\*For information regarding availability of other background screening options visit [Family Care Safety Registry | Health and Senior Services \(mo.gov\)](https://www.familycare.org)

**SECTION A: REQUESTOR INFORMATION**

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME		REQUESTOR'S TELEPHONE	
REQUESTOR'S ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF REQUESTOR		DATE	
REQUESTOR'S EMAIL ADDRESS			

**BLOCK II - TO BE COMPLETED BY THE CAREGIVER**

**SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING**

CAREGIVER NAME( LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

**SECTION C: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER (REQUIRED IN INK)	DATE
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## MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

### INSTRUCTIONS

This service allows the public to receive background information on people who provide healthcare services to vulnerable individuals, including persons with a disability or mental illness, by screening the caregiver's name through the DMH Disqualification Registry, maintained by the Department of Mental Health.

1. Once completed, send the form to the appropriate address below.
2. Visit [Family Care Safety Registry | Health & Senior Services \(mo.gov\)](#) for information about other background screening options.

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

#### **BLOCK I (To be completed by the requestor, or person obtaining information)**

##### **Section A: Requestor's Information**

The requestor must complete Section A.

#### **BLOCK II (To be completed by the caregiver, or person being screened)**

##### **Section B: Identifying Data for Background Screening**

The caregiver, or person being screened for potential employment, must complete Section B. This section consists of identifying information that is needed to conduct background screenings. The form will not be processed without a Social Security number.

##### **Section C: Authorization to Release Background Check Information**

The caregiver must sign Section C in ink to authorize the State to conduct the screening and to provide the information to the requestor. This signature may not be typed. The form will not be processed without this signature as it signifies the caregiver is fully aware and in agreement with the release.

**Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.**

#### **SCREENING SHOULD BE SENT TO:**

Department of Mental Health  
Central Office  
1706 East Elm  
Jefferson City, MO 65101  
or email to: [caregiver.backgroundscreening@dmh.mo.gov](mailto:caregiver.backgroundscreening@dmh.mo.gov)