

Washtenaw County Community Mental Health

BACKGROUND CHECKS – (policy)

PURPOSE

Obtain criminal background checks on job applications as required by law, regulation, and organization policy.

POLICY

- Criminal background checks are completed prior to staff beginning employment with the organization.
- Background check release forms are completed by the applicant after an employment offer has been made.
- Background clearance is received on all applicants before beginning employment with the organization.
- Biennial (every two years) ICHAT checks are completed on all CMH staff.
- The PIHP has ensured compliance with these federal regulations by delegating the reviews to the CMHSPs, regionally coordinating review processes and monitoring CMHSP review results. The CMHSPs are delegated the responsibility to ensure all CMHSP employees, executive leadership at sub-contractors, and/or any individual with an ownership share of 5% or more of for-profit sub-contractor are checked monthly against the debarment and exclusion database.

DEFINITIONS

ICHAAT Background Check- The Internet Criminal History Access Tool (ICHAAT) allows the search of public history record information maintained by the Michigan State Police, Criminal Justice Information Center. ICHAT background checks are used for the biennial background checks that are completed for all CMH staff on an ongoing basis.

PROCEDURE(S)

See procedures manual

REFERENCES/NOTES

- Joint Commission standard, HR.01.02.05
- The Michigan PIHP/CMHSP Provider Qualifications Guide
- Confidentiality and Rights Agreement

EXHIBITS

- A. Background check release form
- B. ICHAT Background check release form

AUTHORIZATION AND RELEASE

In connection with my application for employment with Washtenaw County, I understand that information may be requested as to my character, employment, including job performance and work habits, and other personal history. I further understand that you may be requesting information regarding my motor vehicle driving record history, workers' compensation claims, credit and criminal history, and other public records. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

I hereby authorize and release from all liability without reservation, Washtenaw County, and any Law Enforcement Agency, administrator, state/federal agency, institution, employers, prior and present, insurance company or person gathering or furnishing the above information.

A photographic or FAX copy of this authorization may be determined to be the equivalent of the original.

*Please provide a clear copy of your Michigan State driver's license. Completed forms to be emailed to CMH HR at testorellin@ewashtenaw.org.

Name:	Other Names(s):
Date of Birth:	Social Security #:
Driver's License #:	
State Issued:	
Current Address:	Previous Address:
Street 1:	Street 1:
Street 2:	Street 2:
City:	Previous City:
State:	Previous State:
Zip Code:	Previous Zip Code:
Signature: _____	Date: _____

(Section Below to be Completed by CMH HR)

Package A

Program (Circle One):

Access/Crisis Admin Adult MI Customer Service DD Docs/Psych Integrated Health Youth & Family

Hiring Manager: _____

Hiring Manger Phone: _____

ANNUAL BACKGROUND CHECK AUTHORIZATION AND RELEASE

In connection with my employment at Washtenaw County Community Mental Health, I authorize an ICHAT Background Check to be performed by the Washtenaw County Sheriff's Office. I understand that the ICHAT Background Check will search only for felonies and serious misdemeanors (punishable by 93 days or more) in the State of Michigan Records. By signing this form, I also attest that I am not currently a fugitive from the law or have outstanding warrants.

I hereby authorize and release from all liability without reservation, Washtenaw County, and any Law Enforcement Agency, administrator, state/federal agency, institution, employers, prior and present, insurance company or person gathering or furnishing the above information.

A photographic or FAX copy of this authorization may be determined to be the equivalent of the original.

***Please provide a clear copy of your Michigan State driver's license**

Name:	Other Names(s):
Date of Birth:	Social Security #:
Driver's License #:	
State Issued:	
Current Address:	Previous Address:
Street 1:	Street 1:
Street 2:	Street 2:
City:	Previous City:
State:	Previous State:
Zip Code:	Previous Zip Code
Signature: _____	Date: _____

(Section Below to be Completed by CMH HR)

ICHAT

Program (Circle One):

Access/Crisis Admin Adult MI Customer Service DD Docs/Psych Health & Wellness Youth & Family

Hiring Manager: _____

Hiring Manger Phone: _____

Hiring Manager: Fax the signed form to- Washtenaw County Sheriff Office- Special Investigations Unit: (734)-973-4624