

# Certified Nursing Assistant



**PROGRAM COST: \$425.00**

**You may qualify for a scholarship to cover the costs of your classes, and you may also be eligible for assistance with transportation expenses, living expenses, interview outfits, and more! To find out...**

**Please bring the following items when you turn in your application:**

- \_\_\_ **Driver's License or State Issued ID Card**
- \_\_\_ **Social Security Card**
- \_\_\_ **Birth Certificate (if you do not have an ID or Social Security Card)**
- \_\_\_ **Proof of income for the last 6 months for all household members**
- \_\_\_ **12 month billing history from utility companies**
- \_\_\_ **Copies of current utility bills**
- \_\_\_ **Record of military services or benefits for surviving spouses or dependents**

**Absence of any of these items may result in your denial to participate in this program**

**We look forward to helping you!**



**Central Texas Opportunities, Inc.**  
118 W. Pecan, Suite 405  
Coleman, TX 76834  
(325) 625-4167 (325) 625-3335 (fax)



## CNA BENEFITS PROGRAM

The CNA Benefits Program is different from the CNA program. This program can help to offset the cost and, if you qualify, can render the course FREE OF CHARGE. This program is income based, and each applicant will be screened for eligibility

All completed applications (with required documentation) must be delivered in person to Central Texas Opportunities, Inc (CTO) located at Coleman County State Bank, 118 West Pecan, Suite 405, Coleman, Tx. No application will be considered unless **all** documentation is included.

- Qualifying CNA students may be eligible to receive funds to cover class costs, testing fees, and fuel costs.
  
- Qualifying CNA students may be eligible for assistance in purchasing uniforms and some equipment not to exceed \$100.00
  
- Qualifying CNA students are eligible for Case Management Services which includes but not limited to assistance in Resume writing, Interview process, additional scholarship funding, facilitating resources, and advocacy to promote self-sufficiency.



**Central Texas Opportunities, Inc.**

118 W. Pecan, Suite 405  
 Coleman, TX 76834  
 Email: [mail@ctoinc.org](mailto:mail@ctoinc.org)  
 (325) 625-4167(Admin)  
 (325) 625-3335 (Fax)  
 (325) 641-9180 (Brownwood)

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_  
 \_\_\_\_\_ VA \_\_\_\_\_ Priority  
 \_\_\_\_\_ CM \_\_\_\_\_ N Priority

**Intake Application**

<b>Name:</b>		<b>Primary Phone Number:</b>	
<b>Physical Address:</b>		<b>Apt #:</b>	
<b>City/State/Zip:</b>		<b>County:</b>	
<b>Mailing Address(if different from physical):</b>		<b>Apt #:</b>	
<b>City/State/Zip:</b>			
<b>(Circle One) Own * Rent * Other Permanent Housing * Homeless * Other</b>			
<b>Alternate Contact Name:</b>		<b>Phone:</b>	

**REQUIRED SUPPORT DOCUMENTS** (Absence of any Support documents will cause a delay in processing)

- \_\_\_ **PROOF OF INCOME FOR THE LAST 30 DAYS FOR ALL HOUSEHOLD MEMBERS 18 & OLDER (2019 SOCIAL SECURITY/VA AWARD LETTER, CHECK STUBS, TANF LETTER, UNEMPLOYMENT BENEFIT)**
- \_\_\_ **CURRENT ELECTRIC AND/OR GAS BILLS**
- \_\_\_ **12 MONTH BILLING HISTORY FROM ELECTRIC AND/OR GAS COMPANIES**
- \_\_\_ **DISCONNECTION NOTICE IF YOU HAVE RECEIVED ONE**
- \_\_\_ **ARE YOU DISABLED, BUT NOT RECEIVING SOCIAL SECURITY BENEFITS? COMPLETE THE CERTIFICATION OF DISABILITY FORM IN THE APPLICATION**
- \_\_\_ **IS A HOUSEHOLD MEMBER OVER 18 NOT RECEIVING ANY INCOME? COMPLETE THE DECLARATION OF INCOME FORM IN THE APPLICATION**
- \_\_\_ **RECORD OF MILITARY SERVICES OR BENEFITS FOR SURVIVING SPOUSES OR DEPENDENTS**

*Provide one document from List A OR provide one document from List B AND one from List C.*

<b>List A</b>		<b>List B</b>		<b>List C</b>
Current U.S. Passport	<b>OR</b>	Birth Certificate (DS-1350)	<b>AND</b>	Government-issued Photo ID
U.S. American Indian or Alaska Native tribal enrollment or membership card with photo		Certificate of Birth Abroad (FS-545)		Shot record (children 0-16)
Certificate of Naturalization (N-560 or N-561)		Report of birth abroad (FS-240) issued by a U.S. Embassy or Consulate		School record (children 0-16)
Certificate of U.S. Citizenship (N-560 or N-561)		U.S. Citizen ID Card (I-197 or I-179)		
		American Indian ID Card (I-872)		
		Northern Mariana ID Card (I-873)		
		Final adoption decree of letter from adoption agency showing U.S. place of birth		
		Current Texas Voter ID		

**PLEASE REMEMBER:** Applications are processed in the order it is received and by priority rating scale. Until your application is processed, you will be responsible for your utility bills and any late fees that occur.

**CENTRAL TEXAS OPPORTUNITIES, INC.  
INTAKE APPLICATION**

**Dear Applicant:**

The information on this form is needed to determine your household's eligibility. Please complete this entire form and leave no blanks.

Household Member	Relationship to applicant	Social Security Number	Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Multi-race	Hispanic/Latino? Y or N	Gender Male Female Other	Date of Birth	Disabled Y or N	Insurance Y or N	Type of Insurance Direct-Purchased Employment based Medicaid Medicare Military Health Card State Children's Health Insurance	Education 0-8 9-12/Non-Grad HS Grad/GED 12+Post Secd. College 2or4 Yr Grad. Grad/other post-sec. school
1.	SELF									
2.										
3.										
4.										
5.										
6.										
7.										

*Note: Use additional sheets if there are more than seven members living in the household*

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National Applicant Certification Form for WAP and CEAP**



The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Status	Identification

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.		
<b>Applicant's Signature</b>		Date
<b>Signature of agency staff certifying they verified the above documents</b>	Print Staff Name	Date

**CENTRAL TEXAS OPPORTUNITIES, INC.  
INTAKE APPLICATION**

<b>SOURCES OF HOUSEHOLD INCOME</b> (List ALL income of adults and children that are 18 years of age or older for the last 30 days)					
Identify income from any of the following sources: (circle yes or no)					
<b>Income from Employment ONLY</b>	Yes	No	<b>VA Service-Connected Disability Compensation</b>	Yes	No
<b>Household Member #1:</b>					
<b>How often are you paid?</b>					
Monthly or Weekly					
Twice month or Three times month					
<b>Household Member #2:</b>					
<b>How often are you paid?</b>					
Monthly or Weekly					
Twice month or Three times month					
<b>Income from Employment &amp; Other Income Sources</b>	Yes	No	<b>VA Non-Service Connected Disability Pension</b>	Yes	No
<b>Income from Employment, Other Income Source, &amp; Non-Cash Benefits</b>	Yes	No	<b>Private Disability Insurance</b>	Yes	No
<b>Other Income Source ONLY</b>	Yes	No	<b>Worker's Compensation</b>	Yes	No
<b>Other Income Source &amp; Non-Cash Benefits</b>	Yes	No	<b>Retirement Income from SS</b>	Yes	No
<b>No Income</b>	Yes	No	<b>Pension</b>	Yes	No
<b>Non-Cash Benefits ONLY</b>	Yes	No	<b>Child Support</b>	Yes	No
<b>TANF</b>	Yes	No	<b>Alimony or other Spousal Support</b>	Yes	No
<b>Supplemental Security Income (SSI)</b>	Yes	No	<b>Unemployment Insurance</b>	Yes	No
<b>Social Security Disability Income (SSDI)</b>	Yes	No	<b>EITC</b>	Yes	No
<b>Other:</b>	Yes	No			

<b>NON-CASH BENEFITS</b>					
Identify income from any of the following sources: (circle yes or no)					
<b>SNAP</b>	Yes	No	<b>Amount:</b>	\$	
<b>WIC</b>	Yes	No	<b>Amount:</b>	\$	
<b>LIHEAP</b>	Yes	No	<b>Amount:</b>	\$	
<b>Housing Choice Voucher(HUD)</b>	Yes	No	<b>Amount:</b>	\$	
<b>Public Housing</b>	Yes	No	<b>Amount:</b>	\$	
<b>Permanent Supportive Housing</b>	Yes	No	<b>Amount:</b>	\$	
<b>HUD-VASH (Veterans ONLY)</b>	Yes	No	<b>Amount:</b>	\$	
<b>Childcare Voucher</b>	Yes	No	<b>Amount:</b>	\$	
<b>Affordable Care Act Subsidy</b>	Yes	No	<b>Amount:</b>	\$	
<b>Other</b>	Yes	No	<b>Amount:</b>	\$	

**HOUSING INFORMATION**

Type: (circle one) Private Home Mobile Home Apartment Subsidized or Public Housing  
 Do you own? (circle one) Yes No Mortgage/Month? \_\_\_\_\_  
 Do you rent? (circle one) Yes No Rent/Month? \_\_\_\_\_ Utilities included? Yes No  
 Are you interested in receiving rental assistance? (circle one) Yes No  
 Landlord Information Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**UTILITY INFORMATION**

Electric Service Vendor:	Account #	Heating Cooling Both
Natural Gas Service Vendor:	Account #	Heating Cooling Both
Propane Service Vendor:	Account #	Heating Cooling Both
Water Vendor:	Account #	Heating Cooling Both
Type of A/C: (circle one) Central Evaporative Window Unit None	Type of Heater: (circle one) Central Electric Heater Fire Place Space Heater Wall Furnace None	

**VETERAN INFORMATION**

- Are you, or anyone in the household a Veteran, Surviving Spouse of a Veteran, or a Dependent of a Veteran? Yes No  
 If yes, please identify which household member and circle the category that describes them.  
 Household Member Name: \_\_\_\_\_ Veteran Surviving Spouse of a Veteran Dependent of a Veteran
- Have you ever served in the National Guard? (circle one) Yes No
- Have you ever served in the Military, excluding ROTC? (circle one) Yes No

**PRIORITY INFORMATION**

- Have you **ever** received services with CTO? YES NO
- Is anyone enrolled in secondary education or registered with the Texas Workforce within the last 30 days? YES NO
- Is anyone in the household 60 years of age or older? YES NO
- Is anyone in the household disabled? YES NO
- Are there any children 5 years of age or younger in the household? YES NO
- Are you interested in receiving case management services to increase income/education level? YES NO

**CONFLICT OF INTEREST INFORMATION**

- Is anyone in the household currently serving or related to an employee, agent, consultant, officer or elected or appointed official of Central Texas Opportunities, Inc.? NO YES If YES, identify who? \_\_\_\_\_  
 For Office Use Only: If there is a Conflict of Interest, this application requires the Executive Director's Signature.  
 Executive Director Signature: \_\_\_\_\_

**SITUATION DOCUMENTATION**

**Note: Services cannot be provided unless this page is completed**

Please tell us what your personal or family financial situation is documenting why you need assistance: \_\_\_\_\_

If there is no household income in the last 30 days how have you been living with no income? What sources are you using to pay for rent, utilities and/or other necessities? \_\_\_\_\_

When was the last income received and where did it come from? \_\_\_\_\_

1. The information provided is true and correct to the best of my knowledge and belief.
2. I understand that my **gross household income** is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance.
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs and Central Texas Opportunities, Inc. to solicit/verify information including employment verification needed to provide assistance with my utilities and/ or fuel bills, both past and future.
5. I am an applicant of Central Texas Opportunities, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I give permission for pictures to be taken for identification purposes, projects, publication, newsletter and promotional activities for Central Texas Opportunities, Inc. I give permission for my comments to be used in projects, publications, newsletter and/or promotional activities for Central Texas Opportunities, Inc.
7. I understand **that if I change utility companies I must notify the case worker within 5 business days** of my new utility company and account number with the name on the account. **If I do not notify Central Texas Opportunities, Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated.**
8. **If you or another member of the household has no income** the Declaration of No Income sheet must be completed for all household members over 18 years of age having no income. On this sheet do not include anyone who has shown income on the application.
9. **I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION AND I ALSO UNDERSTAND THAT RECEIPTOR ASSISTANCE THROUGH MISREPRESENTATION OR FRAUD IS PUNISHABLE BY FINE OR IMPRISONMENT.**

**I certify that the information on this application is correct.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CTO Inc. Staff Member

\_\_\_\_\_  
Date





Central Texas Opportunities, Inc.  
Intake Application Addendum

**Applicant Information**

Full Name: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No  
If no, are you authorized to work in the US?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
If yes, explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No  
If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate?  Yes  No

**References**

*Please list two references*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



Central Texas Opportunities, Inc.  
**Intake Application Addendum**

**Previous Employment (continued)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Miscellaneous Information**

1. Write a brief summary about why you want to become a Certified Nursing Assistant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What do you want to get out the Certified Nursing Assistant Course?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How will you apply the Certified Nursing Assistant certification to your future jobs/life/goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Write a brief summary about you that would make you stand out against other applicants.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to selection, I understand that false or misleading information in my application or interview may result in my release.  
I certify that I will put forth all effort necessary to attend the scheduled class times for this certification.  
I certify that I will maintain all HIPAA requirements if I am selected for the Certified Nursing Assistant course.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

# Customer Assessment

Name: \_\_\_\_\_

TWIST ID: \_\_\_\_\_

Please read and answer the following questions as they apply to you. Your responses are optional and will be used to help us customize your services. All information is confidential.

TWIST Screens	Question	Yes	No
IC	1. Are you a migrant or seasonal farmworker?		
IC	2. Do you have a misdemeanor? Additional Info: _____		
IC	3. Do you have a felony? Additional Info: _____		
AOQ	4. Are you currently on probation? Additional Info: _____		
AOQ	5. Are you currently on parole? Additional Info: _____		
AOQ	6. Do you need legal advice or assistance? Additional Info: _____		
AOQ	7. Are there legal limitations to the type of employment you can accept? Additional Info: _____		
AOQ	8. Are there legal limitations to the job search methods you can use? Additional Info: _____		
IC	9. Are you homeless? (This means you do not have a regular home of your own and are living somewhere temporarily, such as a shelter or with other people you know.)		
IC	10. Do you have difficulty reading, writing, or speaking in the English language?		
IC	11. Are you under 18 years old and away from your regular home because you have run away?		
IC	12. Are you under 22 years old and either pregnant or have children of your own?		
IC	13. Are you now or were you formerly under the care of foster parents?		
IC	14. Highest grade in school completed:		
IC	15. Do you have a high school diploma?		
IC	16. Are you attending school? ? If the answer is yes, please provide additional information in the comments section on the last page.		
IC	17. Do you have any training certifications or degrees? Additional Info: _____		
IC	18. Are you a military veteran?		

TWIST Screens	Question	Yes	No
IC	19. Are you currently receiving any of the following types of assistance? <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other assistance _____		
IC	20. Check the box that most accurately describes your family: <input type="checkbox"/> I am a parent in a 1-parent family <input type="checkbox"/> I am a parent in a 2-parent family <input type="checkbox"/> I live with my family but am not a parent <input type="checkbox"/> I live alone or live with people who are not family members		
IC	21. I am a parent, but my child(ren) does not live with me.		
IC	22. Check the box that applies to your marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
IC	23. Total number of people who live in your household: _____		
IC	24. I am available for work.		
IC	25. I am: <input type="checkbox"/> Employed <input type="checkbox"/> Employed but received a notice of termination <input type="checkbox"/> Unemployed		
IC	26. I am receiving unemployment compensation. ___Regular ___Extended		
IC	27. Check the box(es) that applies to you. <input type="checkbox"/> I have a disability. <input type="checkbox"/> My disability is related to military service. <input type="checkbox"/> I do not have a disability. <input type="checkbox"/> I do not wish to disclose whether I do or do not have a disability.		
AOQ	28. Do you need help with child care to work, look for work, or attend school?		
AOQ	29. Do you need help with getting clothes that are appropriate for work or looking for work?		
AOQ	30. Do you need food?		
AOQ	31. Do you need help with getting necessary medical care, or paying for medical care?		
AOQ	32. Do you need emergency housing?		
AOQ	33. Do you need help paying for rent or utilities?		
AOQ	34. Do you need help obtaining a personal identification document such as a driver's license, identification card, or social security card?		
AOQ	35. Do you need gas money, a bus pass, or rural transit ticket?		
AOQ	36. Do you need help with car repairs?		
AOQ	37. Do you have any other needs connected with your ability to get or keep a job that are not otherwise mentioned on this form? If so, please record in the comments section below.		

TWIST Screens	Question	Yes	No
AOQ	38. What types of work are you interested in? <hr/> <hr/> <hr/>		
AOQ	39. What are your job skills/abilities? <hr/> <hr/> <hr/> <hr/>		
AOQ	40. Other information you want to share that could impact your ability to get or keep a job. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
AOQ	41. Additional Comments/Information <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

Please list your last 3 jobs, beginning with the most recent.

Begin Date	End Date	Employer (and contact name)	Full-Time or Part-Time?	Job Title
Salary	Hours	Address (street, city, zip)	Phone	Reason for Leaving
Job Duties:				

Begin Date	End Date	Employer (and contact name)	Full-Time or Part-Time?	Job Title
Salary	Hours	Address (street, city, zip)	Phone	Reason for Leaving
Job Duties:				

Begin Date	End Date	Employer (and contact name)	Full-Time or Part-Time?	Job Title
Salary	Hours	Address (street, city, zip)	Phone	Reason for Leaving
Job Duties:				

**Coleman County Medical Center  
HIPAA Acknowledgement Consent**

I have been asked by *Coleman County Medical Center* (herein referred to as “the Hospital”) to reaffirm my commitment made at the time of my assignment to protect the confidentiality of health information. I understand that the Hospital reminds its employees and volunteers of their confidentiality obligations on a periodic basis to help ensure compliance, due to the significance of this issue. By my signature below, I acknowledge that I made the commitment set forth below at the time of my assignment, I confirm my past compliance with it, and I reaffirm my continued obligation to it.

The Hospital and Nursing Homes has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at the Hospital, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence. As a condition of my assignment, I hereby agree that, unless directed by my instructor, I will not at anytime during or after my assignment with the Coleman County Medical Center Certified Nursing Aide Program disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control, or use patient information, other than as necessary in the course of my assignment.

When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the patient’s care.

I understand that violation of this agreement may result in corrective or disciplinary action, up to and including involuntary discharge,

I understand I could receive a personal fine for disclosing personal health information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## INVESTIGATION FOR CRIMINAL CONVICTIONS

1. I understand that my employment is temporary until an investigation is made to see if I have a conviction for a felony or misdemeanor for certain types of offenses. A complete listing of the offenses is located in the facility policy for Criminal Background Checks.
2. I understand that Texas DPS Criminal records; Nurse Aide Registry and Misconduct Registry will all be accessed for any record of violation that could bar employment from this facility.
3. I understand that I will be immediately terminated if I have a conviction for an offense like those listed in Chapter 250 of the Health and Safety Code, or listed under the current facility policy.
4. I understand that I must provide the following listed information for purposes of th facility to assist in completing a background investigation.
5. The Misconduct Registry is a tracking system conducted by the DADS that maintains a listing of any individual that has committed the act of abuse, neglect, exploitation, or misappropriation. This facility will check this registry prior to hire and are prohibited from hiring anyone that is listed on the registry.
6. I have been informed that I may request a copy of the facility policy for criminal history checks.

Below are some of the offenses that may bar employment. This listing is not all-inclusive of the offenses that may bar employment. For a full listing please review the facility policy on Criminal Background Checks.

Criminal Homicide Kidnapping Unlawful Restraint Indecent Exposure Indecency with a Child Assault Aggravated Assault Sexual Assault Improper relationship between educator and student Injury to a Child, Elderly Individual or Disabled Individual Deadly Conduct Sale/Purchase of Child Abandoning or Endangering Child Agreement to Abduct from Custody Terroristic Threat Aiding Suicide Arson Robbery/Aggravated Robbery Online Solicitation of a Minor Money Laundering Medicaid Fraud Cruelty to Animals Burglary Theft False Identification as a Peace Officer Misapplication of Fiduciary Property of a Financial Institution Securing execution of a Document of Deception Disorderly Conduct

Please Type or Print Legibly:

Name (Last, First, Middle)		Other Names/ Alias (Married, Maiden)	
Social Security No.	Date of Birth (mo/day/yr)	Sex: Male____ Female____	
Race/Ethnicity Black____ White____ Other____		Signature:	
		Date:	

**Facility Instructions:** Use the above information to complete The Criminal History Check Form.  
Place this copy in the Employee's personnel file.

### ~FOR FACILITY USE ONLY~

Do Not Hire List Checked	Date_____	By_____
Findings: <input type="checkbox"/> Employable	<input type="checkbox"/> Not Employable	
OIG State Website Checked	Date_____	By_____
Findings: <input type="checkbox"/> Employable	<input type="checkbox"/> Not Employable	
OIG Gov. Website Checked	Date_____	By_____
Findings: <input type="checkbox"/> Employable	<input type="checkbox"/> Not Employable	
Nurse Aide Registry Checked	Date_____	By_____
Findings: <input type="checkbox"/> Employable	<input type="checkbox"/> Not Employable	
Misconduct Registry Checked	Date_____	By_____
Findings: <input type="checkbox"/> Employable	<input type="checkbox"/> Not Employable	
Criminal History Checked	Date_____	By_____
Findings: <input type="checkbox"/> Employable	<input type="checkbox"/> Not Employable	

Comments: \_\_\_\_\_



# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

**Privacy Acknowledgement and Non-Disclosure Agreement  
Employee Scope of Access to Resident Personal Health Information**

We are committed to protecting the privacy of all Resident and protecting the confidentiality of their health care information. The following specific principles are applicable to all of the facility employees, independent health care professional involved in the care of residents, volunteers, students, faculty, vendors and contractors regardless of their job classification or position while working with resident at or for the facility, I realize that I may have access to or become aware of confidential resident medical information, whether or not I am directly involved in providing care to that resident I understand that I must keep this information in the strictest of confidence. As a condition of my employment or work at the facility, I agree that I:

- Will not verbally or in any written form disclose confidential resident medical information except, as needed to perform the duties of my job,
- Will not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry,
- Will not remove or copy any record or report from the office where it is kept except in the performance of my duties,
- Will report any violation of this policy.

If I have access to computerized information or programs at the nursing home, I understand that the information accessed through all facility information systems contains sensitive and confidential resident care, business, financial, and facility employee information that should *only* be disclosed to those authorized to receive it I commit to:

- Respect the ownership of proprietary software,
- Respect the finite capability of the systems, and limit my own use so as not to interfere unreasonably with the activity of other users,
- Respect the procedures established to manage the use of the system,
- Prevent unauthorized use of any information in files maintained, stored or processed by the facility,
- Not operate any non-licensed software or any computer provided by the facility,
- Not utilize anyone else's authentication code or device in order to access any facility's system,
- Respect the confidentiality of any reports printed from any information system containing resident/member information and handle, store and dispose of these reports appropriately,
- Not release my authentication code,
- Understand that all access to the system will be monitored,
- Understand that my computer system privileges hereunder are subject to periodic review, revision and if appropriate, renewal.

I understand that a violation of this Agreement may result in corrective action up to and including termination of my employment for the facility and that my obligations under this Agreement will continue after termination of my employment at the facility. By signing this, I agree that I have read, understand and will comply with the facility's policies concerning the confidentiality of information and use of computerized information systems and the statements made in this Agreement.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**HR New Hire Form #20**