



Division of Medicaid and Long-Term Care
 Provider Release of Information
 Felony/Misdemeanor Statement

Section I

I understand that the Nebraska Department of Health and Human Services requires the following background information on me. History may be requested from law enforcement or criminal justice agencies, including but not limited to:

- State of Nebraska Adult/ Child Abuse and Neglect Central Registry/er
- Law Enforcement Records
- The State of Nebraska Sex Offender's Registry
- The Nebraska Department of Motor Vehicles Nebraska Driver License Information System
- License Information System
- GSA website <http://epls.gov> for debarment actions by federal agencies and exclusion actions from Medicare, Medicaid or other federal programs through the Office of Inspector General at www.oig.hhs.gov/fraud/exclusions.asp

I am applying to provide services OUTSIDE OF THE CLIENT'S HOME. Location: _____

If you will be providing services in your home or someone else's home, the Department requires background information on all members of that household including full names, previous names, birthdates and Social Security numbers on all persons living in that residence and any criminal background information. I understand this information is required in determining my approval as a service provider. **Complete page 3 if needed.**

I am applying to provide services IN THE HOME OF A CLIENT. No other persons will be involved in the provision of these services. Therefore, no other persons will need to be cleared with the Department in determining my approval as a service provider

Assisted Living Employee: DHHS shall review employer policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse/neglect are in place. In addition, employees will complete this form.

Name of Facility	City
_____	_____
Position	Date of Hire
_____	_____

Section II

NAME (Print):

First	Middle	Last
_____	_____	_____

PREVIOUS NAMES:

(List All Previous Married, Maiden or Other Legal Names or Write NONE)

SOCIAL SECURITY #:	DATE OF BIRTH:	GENDER:
_____	_____	_____

CURRENT ADDRESS:

List each residence in the last 10 years (Add rows as needed)

COUNTY	CITY	STATE	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT EMAIL ADDRESS:

Section III

My Record of Felonies / Misdemeanors / Arrests and / or Convictions and any pending charges is as follows:
(List details including dates and disposition, i.e., Parole, Probation, Fine, Time Served, etc. OR "NONE") (Add rows as needed)

Offense	Date	City	State	Outcome

Section IV

NAMES AND BIRTHDATES OF CHILDREN THROUGH AGE 12 LIVING IN MY HOME:

Name	Date of Birth	Name	Date of Birth

Section V

I understand that Law Enforcement records may be obtained and reviewed at any time to determine the above statements. Any false statements may result in termination or denial of any independent contractors.

Signature

Date

Parent/Guardian Signature (Required if individual is under the age of 19 and not married)

Date

**Instructions for Completing Form MC-199
PROVIDER RELEASE OF INFORMATION/FELONY MISDEMEANOR STATEMENT**

Form MC-199 is used to obtain information to complete background checks which are required for approval as a provider. This form is used to allow potential and renewing providers and/or their employees to self-disclose any current charges, pending indictments or any convictions they have had. Individual providers must complete the form every 12 months before their provider service agreement may be signed or renewed. For providers who provide the service in their home, each household member must also complete the form at the same time. Assisted Living providers must have each employee complete this form annually.

COMPLETION:

- Section I: Check the appropriate boxes to indicate why the form is being completed and the type of individual completing the form. If the provider is an assisted living facility, enter the name and city of the facility, the position and date of hire of the individual employee who is completing the form.
- Section II: Enter individual's name, other names used (including other married names, aliases, etc.), Social Security Number, date of birth and all addresses where he/she has previously resided.
- Section III: List any record of current charge(s), pending indictment(s), or conviction(s) regarding misdemeanor or felony actions. This must include details, dates and disposition (e.g., parole, probation, incarceration, fine, community service, etc.). If person has no felonies or misdemeanors, write "none" in the "Offense" column.
- Section IV: List all children through age 12 living in the home.
- Section V: The form must be signed and dated by the individual. The parent/guardian must also sign and date the form if the individual is under 19, not emancipated, or if he/she has a legal guardian.

Statement of Background Information for Other Household Members and/or Staff Age 13 and Over

1.

(Print) First, Middle, and Last name	Date of Birth	Social Security #
Household Status, i.e. Husband, Son, etc.	Sex	Previous Last Names
County/City/State and DATE of each residence in the last 10 years		
Add Row		
Criminal History/Record (List Date and Dispositions or write "NONE")		
Add Row		
Signature		

2.

(Print) First, Middle, and Last name	Date of Birth	Social Security #
Household Status, i.e. Husband, Son, etc.	Sex	Previous Last Names
County/City/State and DATE of each residence in the last 10 years		
Add Row		
Criminal History/Record (List Date and Dispositions or write "NONE")		
Add Row		
Signature		

3.

(Print) First, Middle, and Last name	Date of Birth	Social Security #
Household Status, i.e. Husband, Son, etc.	Sex	Previous Last Names
County/City/State and DATE of each residence in the last 10 years		
Add Row		
Criminal History/Record (List Date and Dispositions or write "NONE")		
Add Row		
Signature		