

## NOTICE OF INSTRUCTION

West Central Florida  
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

**#072211 – Updated Background Screening Forms– kp**

TO: All Providers/PSA 6  
FROM: Katie Parkinson, Director of Program Management  
DATE: July 22, 2011  
SUBJECT: Updated Background Screening Forms

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The purpose of this Notice of Instruction is to provide WCFAAA's contracted providers with recently updated Department of Elder Affairs (DOEA) background screening forms: the Affidavit of Good Moral Character (DOEA Form 231) and the Application for Exemption From Disqualification (DOEA Form 232).

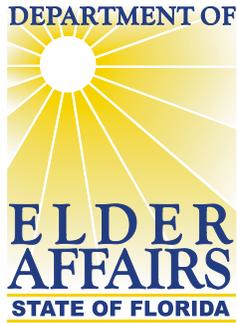
In an effort to streamline the background screening process, the DOEA has revised its internal procedures and several forms. The main change affecting the aging network involves the Affidavit of Good Moral Character (DOEA Form 231). The new form is intended to be less confusing to applicants. It is also now required to be submitted to the DOEA at the beginning of the background screening process, at the same time the Appointment Form is provided. ***The new Affidavit is effective on August 1, 2011. Any previous versions of the Affidavit will not be accepted after that date.*** The form is also available at:  
<http://elderaffairs.state.fl.us/english/backgroundscreening.php>.

An additional form that has been revised is the Application for Exemption From Disqualification (attached as DOEA Form 232). This document is an internal Department form that will be sent only to those applicants who are eligible to apply for an exemption from a disqualifying offense that was revealed from the background screen. It attempts to elicit the type of evidence that is pertinent to a determination of rehabilitation in accordance with section 435.07(3), Florida Statutes. ***This form is provided to assist providers with becoming familiar with it in the instance that you have any individuals applying for an exemption.*** Applicants are directed to contact Tom Jones, Assistant General Counsel for Background Screening, at 850-414-2625 with any questions on completing the exemption application.

The following is a summary of the changes:

- Revised Affidavit of Good Moral Character
  - must be submitted to the Department with the Appointment Form
  - employer does not sign or initial the Affidavit
  - advises the applicant of the importance of disclosing disqualifying offenses
  
- Revised Application for Exemption From Disqualification
  - sent by the Department only to eligible applicants
  - a majority of the evidence considered when making a determination to grant an exemption is provided by the applicant when completing the form

Thank you for your assistance implementation and usage of these new forms. If you have questions, please contact Katie Parkinson, Director of Program Management at 813-676-5574 or [parkinsonk@elderaffairs.org](mailto:parkinsonk@elderaffairs.org).



# BACKGROUND SCREENING

## Affidavit of Good Moral Character

**AUTHORITY: This form is required of all employees, volunteers, and direct service providers to comply with the attestation requirements set forth in section 435.02(2), Florida Statutes.**

- The term “employee” as used herein refers collectively to **all persons** required by law to undergo background screening. This includes, but is not limited to, a direct service provider which means a person at least 18 years of age who, pursuant to a program to provide services to the elderly, has direct face-to-face contact with a client while providing services, or has access to the client’s living area, funds, or personal property. A direct service provider also includes coordinators, managers, and supervisors of residential facilities; and volunteers.
- The term “employer” means any person or entity required by law to conduct background screening, including but not limited to, the Department of Elder Affairs, Area Agencies on Aging, Aging Resource Centers, Aging and Disability Resource Centers, Lead Agencies, Long-Term Care Ombudsman Program, Service Providers, Diversion Providers, and any other person or entity which hires employees, direct service providers, or has volunteers in service.
- Each employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to background screening standards set forth in Chapter 435 and section 430.0402, Florida Statutes, and must agree to inform the employer immediately if arrested for any of the disqualifying offenses listed in those statutes while employed by the employer.

**EMPLOYER: THIS COMPLETED FORM MUST BE FORWARDED TO THE DEPARTMENT OF ELDER AFFAIRS WITH THE COMPLETED APPOINTMENT FORM IN ORDER FOR BACKGROUND SCREENING TO PROCEED.**  
A copy of this form should be maintained in the employee’s personnel file.

### STEP ONE: Complete employee and employer contact information.

_____ Employee Name	_____ Employee Date of Birth	
_____ Employer Name	_____ Employer Contact Person	
_____ Employer Address	_____ City	_____ Zip code
(_____)_____ Employer Telephone Number	_____ Employer Email	

**STEP TWO: The employee must review the following list of disqualifying offenses set forth in Chapters 430 and 435, Florida Statutes.**

**A background screen must ensure that no employee has been arrested for and is awaiting final disposition of, has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere (no contest) or guilty to, or has been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:**

**Criminal offenses listed in section 435.04, F.S.**

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 782.04, relating to murder.
- (e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (f) Section 782.071, relating to vehicular homicide.
- (g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (h) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (i) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (j) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (k) Section 787.01, relating to kidnapping.
- (l) Section 787.02, relating to false imprisonment.
- (m) Section 787.025, relating to luring or enticing a child.
- (n) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (o) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (p) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (q) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (r) Section 794.011, relating to sexual battery.
- (s) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (t) Section 794.05, relating to unlawful sexual activity with certain minors.
- (u) Chapter 796, relating to prostitution.
- (v) Section 798.02, relating to lewd and lascivious behavior.
- (w) Chapter 800, relating to lewdness and indecent exposure.
- (x) Section 806.01, relating to arson.
- (y) Section 810.02, relating to burglary.
- (z) Section 810.14, relating to voyeurism, if the offense is a felony.
- (aa) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (bb) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (cc) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(dd) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(ee) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(ff) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(gg) Section 826.04, relating to incest.

(hh) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(ii) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(jj) Former s. 827.05, relating to negligent treatment of children.

(kk) Section 827.071, relating to sexual performance by a child.

(ll) Section 843.01, relating to resisting arrest with violence.

(mm) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(nn) Section 843.12, relating to aiding in an escape.

(oo) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(pp) Chapter 847, relating to obscene literature.

(qq) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.

(rr) Chapter 893, relating to drug abuse prevention and control to include the use, possession, sale, or manufacturing of illegal drugs, only if the offense was a felony or if any other person involved in the offense was a minor.

(ss) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(tt) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(uu) Section 944.40, relating to escape.

(vv) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(ww) Section 944.47, relating to introduction of contraband into a correctional facility.

(xx) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(yy) Section 985.711, relating to contraband introduced into detention facilities.

(ZZ) Section 741.28 relating to domestic violence.

**Criminal offenses found in section 430.0402, F.S.**

(a) Section 409.920, relating to Medicaid provider fraud.

(b) Section 409.9201, relating to Medicaid fraud.

(c) Section 741.28, relating to domestic violence.

(d) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.

(e) Section 817.234, relating to false and fraudulent insurance claims.

(f) Section 817.505, relating to patient brokering.

(g) Section 817.568, relating to criminal use of personal identification information.

(h) Section 817.60, relating to obtaining a credit card through fraudulent means.

(i) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.

(j) Section 831.01, relating to forgery.

(k) Section 831.02, relating to uttering forged instruments.

(l) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.

(m) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

**Criminal offenses found in other sections.**

(n) Section 775.21, sexual predator.

(o) Section 775.261, Career offender.

(p) Section 943.0435, Sexual offender; unless the requirement to register as a sexual offender has been removed pursuant to 943.04354.

**STEP THREE: The employee must complete and sign EITHER (A) OR (B) below.**

The Department of Elder Affairs will review the information revealed by the fingerprint screening and will compare it to the information provided below. It is important to be honest in revealing any prior criminal history regarding disqualifying offenses listed in this Affidavit. If you have disqualifying offenses and are otherwise determined eligible to apply for an exemption, the failure to disclose the offenses in this section may prevent you from being granted an exemption.

(A) Under penalty of perjury, I \_\_\_\_\_, hereby swear or affirm that I **have no record of disqualifying offenses** as listed herein, and I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 430.0402, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by my employer.

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

\_\_\_\_\_  
Date

**OR**

(B) Under penalty of perjury, I \_\_\_\_\_, hereby swear or affirm that I **have the following record of disqualifying offenses** as listed herein, and I understand that I may be eligible to file for an exemption from disqualification pursuant to section 435.07, Florida Statutes. If I am granted an exemption from disqualification, I swear or affirm that I otherwise meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 430.0402, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by my employer.

List Disqualifying Offenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date



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## 2. EMPLOYMENT AND VOLUNTEER HISTORY

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Provide your employment and any volunteer history for the past 3 years. Please explain any breaks in employment. Attach additional sheets if necessary.

Current or Most Recent Employer:		Supervisor's Name:	
Address:		Phone Number: <i>include area code</i>	
Job Title:	Employment Dates:		(End)
(Start)			
Job Responsibilities:			
Reason for Leaving:			

Employer:		Supervisor's Name:	
Address:		Phone Number: <i>include area code</i>	
Job Title:	Employment Dates:		(End)
(Start)			
Job Responsibilities:			
Reason for Leaving:			

Employer:		Supervisor's Name:	
Address:		Phone Number: <i>include area code</i>	
Job Title:	Employment Dates:		(End)
(Start)			
Job Responsibilities:			
Reason for Leaving:			

Explanation of any gaps in employment, if applicable:

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### 3. EDUCATION / TRAINING

Please complete the following:

1. What is your highest level of education completed?

- Did not complete high school     
  AA Degree     
  Doctorate  
 GED or equivalent     
  BS/BA Degree     
  Other: \_\_\_\_\_  
 High School Diploma     
  Master's Degree

2. State the date you graduated, or received a diploma or degree. \_\_\_\_\_.

3. Have you completed any additional training, certifications, or licensure?     Yes     No

If yes, please complete the following:

Name of School/Program	Type of Training	Date of Training	Certificate or License Received?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### 4. LETTERS OF REFERENCE

1. Please attach at least one letter of reference from an employer, if applicable. This letter should include the name, address, and telephone number of the person writing the letter, and should be on company letterhead.
2. Please attach at least one letter of reference from someone who is familiar with you now. The letter should include the name, address, and telephone number of the person writing the letter.

### 5. OTHER INFORMATION

Please complete the following and attach additional pages if needed. Also, please attach copies of any supporting documentation such as letters, awards, certificates, etc.

1. Please list any community, civic, or religious involvement that you believe shows evidence of your rehabilitation.

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2. List any special awards or recognition you have received.

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3. Have you completed any counseling or treatment programs? If yes, please describe.

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4. Did you have to pay any restitution for your disqualifying offense?  Yes  No

If yes, please explain the amount ordered and paid, and other relevant circumstances.

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5. If you failed to disclose a disqualifying offense on your Affidavit of Good Moral Character, please provide an explanation of your reasons for not disclosing the offense.

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## 6. PERSONAL STATEMENT

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Please provide an explanation of the circumstances surrounding the disqualifying offense(s) and a brief history of your activities showing rehabilitation since the offense(s). Attach additional pages if needed.

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