

Dear Assisted Living Facility Renewal Applicant:

Florida law requires assisted living facility (ALF) owners (if individuals), administrators, and financial officers be screened by the:

- Federal Bureau of Investigation (FBI), and
- Florida Department of Law Enforcement (FDLE)

These background screening requirements are addressed in Chapter 435, Florida Statutes, as level 2 screenings.

Florida law also requires ALF owners or administrators to screen all employees hired on or after October 1, 1998 who provide personal services to residents through:

- FDLE

This background screening requirement is addressed in Chapter 435, Florida Statutes, as a level 1 screening.

Level 2 Screening

A Level 2 Screening must be completed on:

- Owner(s) of an ALF, if the owner(s) is an individual(s) (as opposed to a corporation, partnership, etc.); and,
- ALF administrators; and,
- a facility's financial officer.

Screening Compliance:

According to the Agency for Health Care Administration's User Agreement with the Federal Bureau of Investigations and the Florida Department of Law Enforcement, the Background Screening Unit (BGS) may only conduct Level 2 screenings for positions that are required to undergo Level 2 screenings by law. AHCA may process Level 1 screenings for any health care provider licensed by the Agency.

The applicant must go to the local sheriff's office, police station, or nearest available FDLE fingerprinting location to obtain a set of fingerprints on each individual owner, administrator, and financial officer. E-mail your request for fingerprint cards to paulc@ahca.myflorida.com.

Use the attached instructions to correctly complete the card(s). Cards not completed correctly will be rejected by the FBI, redone and resubmitted, and can delay the processing of your application.

Each completed fingerprint card must be submitted to the Agency for Health Care Administration, Assisted Living Unit, with the ALF application package. The Agency will submit the fingerprint cards to the appropriate screening authority.

Fingerprint cards submitted for change of administrator, financial officer, and/or individual owner must be submitted within 10 days of employment.

Screening Compliance:

If an owner, administrator, or financial officer has already been screened by the Agency and is currently in compliance with background screening, they may simply complete the Assisted Living Facility (ALF) Background Screening Affidavit of Compliance with Level II.

Level 2 Background Screening Fees:

In addition to the ALF application fee, you must include the correct screening fee in a check made payable to the State of Florida. One check can be submitted with your ALF application for both the level 2 screening and the application license fee. The level 2 background screening fee is \$43.25 for each person screened.

Level 1 Screening

Employee screening results must be maintained in the facility's employee file. Do not submit employee screening results with your ALF application package.

Level 1 Screening must be completed on:

All employees hired on or after October 1, 1998, who provide personal services to residents.

The FDLE Criminal History Screening form must be completed and submitted for each employee requiring a level 1 screening. You may obtain the FDLE Criminal History Screening form on-line at www.ahca.myflorida.com by clicking on Background Screening. When submitting the FDLE Criminal History Screening form to the Agency, you must include the correct screening fee in a separate check made payable to the State of Florida. The FDLE background screening fee is \$24. Please submit Level 1 screening requests to:

The Agency for Health Care Administration
Background Screening Unit
2727 Mahan Drive
Tallahassee, Florida 32308

Screening Compliance:

If an employee has already been screened and is currently in compliance with background screening, they may simply complete the Assisted Living Facility (ALF) Background Screening Affidavit of Compliance (Attachment). The affidavit must be retained in the employee's file.

License Renewal

Affidavit of Compliance with Background Screening Requirements (AHCA Form #3100-0008) and Affidavit of Compliance with Level 2 Background Screening for Covered Employees (AHCA form #3100-0007) must be completed and submitted with each ALF license renewal application confirming that all required employees have completed the level 1 or level 2 background screening requirements.

INSTRUCTIONS FOR BACKGROUND SCREENING

All forms must be thoroughly and accurately completed before the background screening process can proceed. Incomplete forms will be returned for completion which may cause a delay in the licensing process.

Information and instructions provided below are to assist you in understanding what the forms are for and how to complete them. Please read this information carefully before completing the forms.

I. FDLE Criminal History Screening form (Required for level 1):

Complete each item on the form. You should make additional copies of the form as necessary. The fee for the FDLE Criminal History background screening is \$24 per applicant.

Level 1 background screening only requires completion of FDLE screening. The form and fee should be submitted to the address listed under level 1 screening in the cover letter.

II. Applicant Fingerprint Card (FD-258) (Required for level 2):

The fingerprint card will be used to obtain both the Florida Department of Law Enforcement (FDLE) and Federal Bureau of Investigation (FBI) checks. A separate fingerprint card (FD-258) must be completed by each owner, administrator, and financial officer. The information should be typed or printed clearly so it can be read. The fee for the FDLE and FBI screenings is \$43.25 per applicant. If a fingerprint card is rejected the applicant must be fingerprinted again and the card resubmitted to FDLE. Several items that will cause a rejection of a fingerprint card include:

- Use of a highlighter in the entry blocks
- Poor penmanship
- Text not within boundary of the entry block
- Labels applied to “Leave Blank” areas
- Submission on nonstandard fingerprint card
- Use of pencil or ink other than black
- Descriptive data not complete (e.g., incomplete name, date of birth, no signature)

There is no additional fee for the second set of fingerprints. A fee will be charged for the third or subsequent sets. The following instructions should assist you in completing the fingerprint card:

1. **NAME**

Print or type the Last Name, First Name, Middle Name, Suffix (Jr., II etc., Example: Doe, John Wayne) A comma should separate the Last Name and first Name. If the person has no middle name or initial, indicate this as NMN. If the person has an initial only for their first and/or middle names indicate this as IO, place the "I" under first name and "O" under the middle name. If both letters are the first name place IO under first name and NMN in the space for middle name.

2. **Signature of Person Fingerprinted**

The person being printed must sign his or her legal name in this block. The card should be signed prior to taking the prints to avoid the possibility of smearing the prints on the card.

3. **Aliases (AKA)**

List the Last Name, First Name, Middle Name, and Suffix as indicated in item number 1. If the alias is one or two-words or a nickname such as (Example: Duke, Little Man, Ace, etc.) separate each by a comma and a space. Women applicants using a married name in the "NAM" block should enter the maiden name in the "Aliases" block.

4. **Date of Birth (DOB)**

The applicant must enter the complete date of birth, the month, day, and year. If the applicant's date of birth is unknown enter the age of the applicant. When the month and day are unknown, enter two zeros (00) in the month and two zeros (00) in the day and enter the year of birth.

5. **Residence of Person Fingerprinted**

Give the present street address, city and state of the person required to be fingerprinted.

6. **Citizenship**

Enter in this space the country of which the applicant is a citizen.

7. **Sex**

Use the following letters to indicate:

M Male
F Female

8. **Race**

Use the following letters to indicate:

W White (includes, Mexicans and Latinos)
B Black
I American Indian or Alaskan Native
A Asian or Pacific Islander (includes, Asian Indians, Eskimos, Filipinos, Indonesians, Koreans, Polynesians and other non-whites)
U Unknown

9. HGT (Height)

Enter height in feet and inches.

Example:	<u>Height</u>	<u>Enter on Card As</u>
	5'11"	511
	6'0"	600

(Do not use fractions of an inch.)

10. WGT (Weight)

Enter weight in pounds.

Example:	Weight	Enter on Card As
	94lbs.	094
	186lbs.	186

(Do not use a fraction of a pound.)

11. Eyes and Hair

Color of eyes and hair are to be entered on fingerprint card as follows:

Color	Enter on Card As
Bald*	BAL (Hair only)
Black	BLK
Blond or Strawberry	BLN
Blue	BLU
Brown	BRO
Gray or Partially Gray	GRY
Green	GRN (Eye only)
Hazel	HZL (Eye only)
Maroon	MAR (Eye only)
Pink	PNK (Eye only)
Red or Auburn	RED (Hair only)
Sandy	SDY (Hair only)
White	WHI (Hair only)
Unknown	XXX (Eyes and Hair)

*Bald (BAL) is to be used when the applicant has lost most of the hair on the top of their head.

12. Place of Birth

Enter the state, territorial possession, province or country of birth.

13. Signature of Official taking Fingerprints and Date

The official taking the fingerprints (local sheriff's office, police station or FDLE fingerprinting location) should sign his or her name in this block and the date the card.

14. Employer and Address

List your current employer or the facility to be employed by and their complete address in this block.

15. **FBI No. (FBI)**
Leave this space blank.
16. **Social Security Number (SOC)**
Enter the social security number of the person to be screened in this block
17. **Reason Fingerprinted**
Do Not Complete
18. **Miscellaneous No. (MNU)/Armed Forces No. (MNU)**
Record the Miscellaneous number in this block as follows:

- AF-Air Force Serial Number
- AR-Alien Registration Number
- AS-Army Serial Number, National Guard Serial Number or Air National guard Number (regardless of state)
- CG-U.S. Coast Guard Serial Number
- MD-Mariner's Document or Identification Number
- MC-Marine Corps Serial Number
- MP-Royal Canadian Mounted Police Identification Number (FPS Number)
- NS-Navy Serial Number
- PP-Passport Number
- PS-Port Security Card Number
- SS-Selective Service Number
- VA-Veteran's Administration Claim Number

*Omit any alpha character(s) prefixed to Army, National Guard, and Air National Guard serial numbers. Enter the serial number only.

For Example:

<u>Serial Number</u>	<u>Should Be Written As</u>
Army serial number RA 18901645	AS-18901645
National Guard serial number NG 21001999	AS-21002999

The appropriate two-letter identifying code from the list above must precede the number and is separated from the miscellaneous number by a hyphen(-). Any alpha character(s) that are part of the miscellaneous number area to be included.

III. Volunteer Board Member Affidavit

Board members of a not for profit corporation or organization are not required to undergo background screening if the individual serves in a voluntary capacity, does not take part in the day to day operational decisions, receives no compensation or financial benefit, has no financial interest in the corporation or organization, and has no family members with a financial interest in the corporation or organization. The board member must complete, sign and date the Volunteer Board Member Statement affirming the board member's relationship to the facility if the above criteria is met.

IV. AFFIDAVIT OF COMPLIANCE WITH BACKGROUND SCREENING REQUIREMENTS

This document is completed by the facility's owner or administrator and submitted with the ALF license application. This form is completed when documenting an individual's level 2 screening compliance in conjunction with their current professional or facility license. Refer to level 2 screening compliance in this package. Please ensure the document is notarized.

V. ALF License Renewal Application Background Screening Affidavit of Compliance

At each ALF license renewal, the facility owner or administrator must document current compliance with level 1 and level 2 background screening requirements pursuant to section 429.174, Florida Statutes. This document is completed by the facility's owner or administrator and submitted with the ALF license renewal application.

VI. Refer to section 435.04, Florida Statutes, Level 2 Screening Standards

VII. Refer to section 435.03, Florida Statutes, Level 1 Screening Standards

Sincerely,

Agency for Health Care Administration
Long Term Care Services

**ASSISTED LIVING FACILITY (ALF)
BACKGROUND SCREENING AFFIDAVIT OF COMPLIANCE
SECTION 429.174, FLORIDA STATUTES**

Under penalty of perjury, I, _____ do hereby
(Print Name)
certify that I currently comply with the background screening requirements of
Chapter 435, Florida Statutes, for (please check the appropriate box):

Level 1 Screening

(Signature)

(Date)

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority, _____
personally appeared, and after first being duly sworn in, did depose and say that he/she did
execute the foregoing Assisted Living Facility Background Screening Affidavit of Compliance
and that the same is true, accurate and correct to the best of his/her knowledge, information and
belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 200__.

NOTARY PUBLIC

My commission expires:

Personally known _____ or produced identification _____

Type of identification produced _____