

## CRIMINAL HISTORY CHECK INFORMATION

It is the policy of this agency, in compliance with state regulations, that you be informed that we are required to conduct a criminal history check on all unlicensed applicants who are involved in direct or indirect patient/client care.

### SEC. 250.006. CONVICTIONS BARRING EMPLOYMENT

a) A person convicted of an offense listed in this section may not be employed in a position the duties of which involve direct contact with a consumer in a facility:

1. An offense under Chapter 19, Penal Code (criminal homicide);
2. An offense under Chapter 20, Penal Code (kidnapping and false imprisonment);
3. An offense under Section 21.11, Penal Code (indecent with a child);
4. An offense under Section 22.011, Penal Code (sexual assault);
5. An offense under Section 22.02, Penal Code (aggravated assault);
6. An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
7. An offense under Section 22.041, Penal Code (abandoning or endangering child);
8. An offense under Section 22.08, Penal Code (aiding suicide);
9. An offense under Section 22.031, Penal Code (agreement to abduct from custody);
10. An offense under Section 25.08, Penal Code (sale or purchase of a child);
11. An offense under Section 28.02, Penal Code (arson);
12. An offense under Section 29.02, Penal Code (robbery); or
13. An offense under Section 29.03, Penal Code (aggravated robbery).
14. A conviction under the laws of another state, federal law, or the Uniform Code of

Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under subdivisions (1)-(13).

b) A person convicted of an offense under Chapter 31, Penal Code (theft), that is punishable by felony may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth (5th) anniversary of the date of the conviction.

a) The Department of Aging and Disability Services (DADS) may deny an initial facility license, or refuse to renew a facility license, if an applicant for a license, a license holder, or any other person whose criminal history must be verified before a license is issued:

- 1) Has been convicted, regardless of the date of conviction, of any of the following misdemeanor or felony offenses:
  - (A) An offense listed in Texas Health and Safety Code, §250.006(a) or (c) (relating to Convictions Barring Employment);
  - (B) An offense relating to the practice of a health-related profession without a license;
  - (C) An offense relating to drugs, dangerous drugs, or controlled substances; or
  - (D) An offense under any of the following sections of the Texas Penal Code:
    - (i) Section 22.015, coercing, soliciting, or inducing gang membership;
    - (ii) Section 22.09, tampering with consumer product;

- (i) Section 22.015, coercing, soliciting, or inducing gang membership;
- (ii) Section 22.09, tampering with consumer product;
- (iii) Section 22.10, leaving a child in a vehicle;
- (iv) Section 32.43, deceptive business practices;
- (v) Section 32.51, fraudulent use or possession of identifying information;
- (vi) Section 35.02, insurance fraud;
- (vii) Section 42.072, stalking;
- (viii) Section 42.10, dog fighting;
- (ix) Section 43.05, compelling prostitution;
- (x) Section 43.24, sale, distribution, or display of harmful material to minor;
- (xi) Section 43.25, sexual performance by a child;
- (xii) Section 43.251, employment harmful to children;
- (xiii) Section 43.26, possession or promotion of child pornography;
- (xiv) Section 46.06, unlawful transfer of certain weapons;
- (xv) Section 46.13, making a firearm accessible to a child;
- (xvi) Section 48.02, prohibition of the purchase and sale of human organs;
- (xvii) Section 49.07, intoxication assault; or
- (xviii) Section 49.08, intoxication manslaughter.

2) Has been convicted, during the five years preceding the date of the facility license application, of any of the following misdemeanor or felony offenses:

- (A) An offense listed in Texas Health and Safety Code, §250.006(b); or
- (B) An offense under any of the following sections of the Texas Penal Code:
  - (i) Section 30.03, burglary of coin-operated or coin collection machines;
  - (ii) Section 30.04, burglary of vehicles;
  - (iii) Section 31.03, theft;
  - (iv) Section 31.04, theft of service;
  - (v) Section 32.21, forgery;
  - (vi) Section 32.31, credit card or debit card abuse;
  - (vii) Section 32.33, hindering secured creditors;
  - (viii) Section 32.48, simulating legal process;
  - (ix) Section 33.02, breach of computer security;
  - (x) Section 42.061, silent or abusive calls to 911 service;
  - (xi) Section 42.07, harassment; or
  - (xii) Section 42.091, attack on assistance animal.
- b) DADS may revoke a facility license if DADS becomes aware of:

A conviction described in subsection (a)(1) of this section regardless of the date of the conviction; or

A conviction described in subsection (a)(2) of this section if the conviction occurred during the five years preceding the date DADS became aware of the conviction.

c) DADS considers a conviction of an offense under the laws of another state, federal law, or the Uniform Code of Military Justice containing elements that are substantially similar to the elements of an offense listed in subsection (a) of this section as if it is a conviction of one of

d) DADS considers the following information when deciding if it will deny a facility license, refuse to renew a facility license, or revoke a facility license in accordance with this section:

- 1) The nature and seriousness of the offense;
- 2) The relationship of the offense to the operation of a facility;
- 3) The extent to which a license might offer an opportunity for the person to engage in activity similar to the offense;
- 4) The age of the person at the time of the offense;
- 5) The amount of time since the offense; and
- 6) Any other information provided by the person to explain the circumstances of the offense or to evidence the person's conduct since the offense.

i. For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5g, Article 42.12, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

Added by Acts 1993, 73rd Leg, ch 747, Sec 25, eff Sept 1, 1993. Amended by Acts 1995, 74th Leg, ch 76, Sec 14.39, eff Sept 1, 1995. Renumbered from V.T.C.A., Health & Safety Code Sec 250.005 and amended by Acts 1995, 74th Leg, ch 831, Sec 1, Eff June 16, 1995. Amended by Acts 1997, 75th Leg, ch 482, Sec 1, eff Sept 1, 1997; Acts 1997, 75th Leg, ch 1159, Sec 1.33, eff Sept 1, 1997. Acts 2001, HB 1418 and SB 1254, 77th Leg effective Sept 1, 2001.

I have not been convicted of any of the above offenses.

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Agency Representative's Signature:

\_\_\_\_\_  
Date:

EMPLOYEE CRIMINAL HISTORY CHECK

I have been informed that in compliance with Texas Senate Bill 1245 (House Bill 1448) passed 09/01/01, Llano Regional Hospital is required to perform criminal history checks on all licensed and unlicensed persons who provide care in an adult facility or in a client's home. Llano Regional Hospital will also search the Licensure Registry and the Employee Misconduct Registry to determine if I have a criminal conviction or have committed certain conduct that would bar me from employment with the agency.

I have also been informed that the criminal history check will be conducted by the Texas Department of Public Safety (TDPS).

I understand that any records received by the TDPS are privileged information and are for the exclusive use of the facility which requested the information. The records may not be released or otherwise disclosed to any person or agency except on court order or with the written consent of the person being investigated.

I understand that the offer of employment with Llano Regional Hospital is temporary, pending criminal history check and providing there has been no conviction or offenses prohibiting work as outlined by the law.

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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Agency Representative's Signature:

\_\_\_\_\_  
Date:

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION  
(Agency Copy)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and Date of Birth (DOB) identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/CrimeRecords/Information/Review](http://www.dps.texas.gov/CrimeRecords/Information/Review) of Personal Criminal History 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS audits)

\_\_\_\_\_  
Signature of Applicant or Employee (optional):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Agency Name (Please Print):

\_\_\_\_\_  
Agency Representative Name (Please Print):

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

\_\_\_\_\_  
Date:

<p>Please: Check and Initial each Applicable Space</p> <p>CCH Report Printed: ___ YES ___ NO ___ Initial:</p> <p>Purpose of CCH: _____</p> <p>Empl ___ Vol/Contractor ___ Initial</p> <p>Date Printed: _____ Initial</p> <p>Destroyed Date: _____ Initial</p> <p style="text-align: center;">Retain in Your Files</p>
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