

Northwest Missouri Living Center, Inc.

805 Pine St Tarkio, MO 64491

Office: (660) 736-5523 Fax: (660) 736-5506

Administration: Board of Directors

Director: Crystal Woodring

Office Manager: Stephanie Brannen

Dear Applicant:

Thank you for your interest in seeking employment with Northwest Missouri Living Center, Inc. Enclosed are the initial documents you will need to complete before you can be considered for a position, should one become available.

Direct Support Staff, we have 24-hour shifts. Those working 24-hour shifts will be able to sleep during the night; residents will wake you if they need help.

If you are applying for office personnel, please list that specifically, hours will vary. If you are applying for maintenance, personnel please list specific hours of availability.

Please enclose a copy of your social security card as we must submit a copy with the background check form, if not already be registered.

Again, thank you for your inquiry, and we look forward to receiving your application.

Sincerely,

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Direct Support Requirements:

- GED, or High School Diploma – must acquire GED within the first year of employment
- Must read and sign that you understand our Agency Policy Manual
- Must obtain a class E driver's license (Agency will pay cost)
- Training's (on site)
 - CPR/First Aid
 - Level 1 Medication Training
 - Abuse and Neglect
 - HIPPA
 - Positive Behavior Support
 - Body Substance
- Must have copies of social security card, driver's license, and High School Diploma or GED. Random drug screening (failure of drug screen or refusal will result in immediate termination.)
- 90-day probationary period

Office/Maintenance Personnel Requirements:

- Class E Driver's License
- High School Diploma/GED
- HIPPA
- Abuse and Neglect
- CPR/First Aid
- Must have copies of: Social Security Card, driver's license and High School Diploma or GED. Random drug screening (failure of drug screen or refusal will result in immediate termination).
- 90-day probationary period

Direct Support Professional (DSP) Position Description

Meeting Basic Needs

- Provide an environment where individuals are safe from harm.
- Provide health care. Follow Doctor's orders (i.e. medication, physical therapy, nutrition, adaptive equipment, etc.)
- Provide documentation of pertinent information.
- Supports individuals by having fire/disaster/evacuation drills.
- Provide a clean place for Individuals to live.

Community Membership

- Support individuals in choosing opportunities that include them in the routines of community life.
- Provide transportation when necessary.

Self-Determination

- Provide supports as defined in the Personal Plan of individuals.
- Encourage self-advocacy. Honor each individuals own style of communication.

Rights

- Individuals with a disability deserve the same treatment as those without disabilities.
- Assure individuals are supported with dignity and respect.

General Information

- Provide support grooming, bathing, and self-care at toilet or proper care for individuals unable to care for themselves.
- Must be able to lift or transfer a minimum of fifty (50) pounds. (Transferring from wheel chair to shower/toilet, etc.)
- Support individuals in dressing themselves and make clothing choice, without allowing choice to become something to be ridiculed.
- Support individuals in proper care of living area. (Bed making, dusting, sweeping and meal preparation).
- Support individuals at mealtime. This includes proper use of table utensils, napkin, how to clear the table, washing the table, loading the dishwasher, and putting away dishes.
- Follow doctor's orders relating to nutrition, if appropriate.

Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes ☐ No ☐	Are you a veteran? Yes ☐ No ☐		
If selected for employment are you willing to submit to a background check? Yes ☐ No ☐			

Position

Position you are applying for	Available start date	Desired pay
Employment desired ☐ Full time ☐ Part time ☐ Seasonal/Temporary		

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	



RESET

WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- ☐ Adoptive Parent (Agency Name: _____)
☐ Child Care
☐ Foster Parent/Family Member of Foster Parent (County Office: _____)
☐ Hospital
☐ Long Term Care/Personal Care (Please choose subcategory at right →.)
☐ Mental Health/Psychiatric Hospital
☐ Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of **\$13.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

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Long Term Care / Personal Care

Subcategories (Complete if LTC/PC selected at left.)

- ☐ Adult Day Care
☐ Assisted Living Facility
☐ Hospice
☐ Hospital LTAC/Swing Bed
☐ Mental Health – Residential Facility/ICF
☐ Nursing Facility/Skilled Nursing
☐ Personal Care – Home Health
☐ Personal Care – In-Home Services
☐ Personal Care – Consumer Directed Services/Center for Independent Living
☐ Personal Care – HCY/PDW/DDD/Other

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (Jr., Sr., II, III)
MAIDEN NAME (If applicable)		PRIOR NAMES USED (If applicable, list first and last names.)	DATE OF BIRTH (mm-dd-yyyy)
			GENDER ☐ M ☐ F

CONTACT INFORMATION

MAILING ADDRESS (Enter your street address or post office box. This address must be different from Employer Address.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE () -	EMAIL ADDRESS (Required)		COUNTRY (Complete only if U.S. territory/outside U.S.)

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

☐ My current/potential child care, long term care or mental health care employer is:			☐ No Employer, because I am a(n):	
EMPLOYER NAME			☐ Adoptive Parent	
EMPLOYER ADDRESS			☐ Foster Parent/Family Member	
EMPLOYER CITY			☐ Home Child Care Provider	
STATE			☐ Private Pay/Private Duty	
ZIP			☐ Student	
EMPLOYER TELEPHONE () -	EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE	☐ Volunteer	
			☐ Other (Explain: _____)	

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (Must be signed in blue or black ink.)

DATE OF SIGNATURE (Must be within six months of submission.)

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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 *et seq.*, RSMo.) If you checked Long Term Care / Personal Care, please *also* make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration – If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. *Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.*

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the *transfer* of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the *substance* of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).