



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
APPLICATION FOR GOOD CAUSE WAIVER**

Type or Print Clearly

SECTION A - APPLICANT INFORMATION				
LAST NAME		FIRST NAME		MIDDLE NAME
MAIDEN NAME (If applicable)		PRIOR NAMES USED (If applicable, list first and last names)		
MAILING ADDRESS (STREET OR PO BOX)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH		DAYTIME TELEPHONE NUMBER
		/ /		( ) —
E-MAIL ADDRESS (Required)				

SECTION B – REQUIRED ATTACHMENTS
<ol style="list-style-type: none"> <li>1. A complete Explanation of Background Screening Findings form for <b>EACH</b> finding reported in your background screening.</li> <li>2. One (1) sponsorship letter from a previous or current employer stating how long the person has known you and why they feel you should be recommended for a Good Cause Waiver. If you are unable to obtain a sponsorship letter, submit 3 character references from persons who are knowledgeable of your character and employment history. The reference letters cannot be from someone related to or residing with you.</li> <li>3. A complete Employment History form noting your employment since the age of 18.</li> <li>4. If applicable: Copies of investigation report(s) from the Department of Social Services for each child abuse/neglect finding and/or foster parent license denial, revocation or involuntary suspension finding. This report is at least 10 pages long and is available to you upon telephone or written request from your local Department of Social Services, Childrens Division Office.</li> </ol>

SECTION C – RESIDENCY
What states have you lived in since the age of 18?

SECTION D – CURRENT EMPLOYER(S)						
<table border="1"> <tr> <th>DATES OF EMPLOYMENT</th> <th>EMPLOYER NAME</th> <th>POSITION</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	DATES OF EMPLOYMENT	EMPLOYER NAME	POSITION			
DATES OF EMPLOYMENT	EMPLOYER NAME	POSITION				
EMPLOYER LOCATION (CITY, STATE)						

SECTION E – ADDITIONAL INFORMATION
<ol style="list-style-type: none"> <li>1. Have you had any professional license revoked, denied, or suspended? (for example, CNA, LPN, RN, MD, etc.)  <input type="checkbox"/> YES   <input type="checkbox"/> NO   If you checked YES, please explain:         </li> <li>2. Did you tell your current or potential employer about the finding(s) reported in your background screening?  <input type="checkbox"/> YES   <input type="checkbox"/> NO   If you checked NO, please explain:         </li> </ol>

SECTION F – APPLICANT AFFIDAVIT				
<p>I do hereby affirm that all statements made in this application and on any attachments are true and correct to the best of my knowledge and belief. I understand that deliberate falsification of information herein may constitute grounds for my rejection for a Good Cause Waiver. I further affirm that I have read, understand and agree to abide by the provisions of Section 192.2495, RSMo., and 19 CSR 30-82.060, Hiring Restrictions – Good Cause Waiver. Further, I hereby voluntarily consent to a thorough review and investigation of my criminal history, license status, present and past employment and other activities for the purpose of considering my request for a Good Cause Waiver.</p>				
<table border="1"> <tr> <td>APPLICANT SIGNATURE</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	APPLICANT SIGNATURE	DATE		
APPLICANT SIGNATURE	DATE			

**SUBMIT THIS COMPLETED FORM AND REQUIRED ATTACHMENTS TO THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BY ONE OF THE FOLLOWING METHODS:**

- Mail to: Good Cause Waiver Program, PO Box 570, Jefferson City, MO 65102
- Fax to: 573-522-6981
- Email scanned documents as an attachment to: fcsr@health.mo.gov

## **WHAT IS A GOOD CAUSE WAIVER?**

Section 192.2495, RSMo, requires regulated health care employers, such as a long-term care facility, hospital, home health agency, in-home service provider and consumer directed services programs under contract with the Department of Health and Senior Services, hospice, or adult day care provider to obtain background screenings prior to hiring an employee. For in-home services providers, consumer directed services providers and home health agencies, this includes checking the Family Care Safety Registry (Sections 210.900 – 210.936, RSMo.) This statute states that an individual with a certain type of finding identified in their background screening cannot be hired by these employers. However, in certain circumstances, the individual has the opportunity to apply for a good cause waiver that, if granted, would allow them to be employed.

## **WHAT BACKGROUND SCREENING FINDINGS ARE NOT ELIGIBLE TO BE WAIVED?**

Individuals who are currently placed on the Employee Disqualification List (EDL) maintained by the Department of Health and Senior Services are not eligible for a Good Cause Waiver.

## **WHAT INFORMATION IS REQUIRED TO BE SUBMITTED WHEN APPLYING FOR A GOOD CAUSE WAIVER?**

A completed Application for Good Cause Waiver form AND:

- A complete Explanation of Background Screening Finding form for EACH arrest/investigation that resulted in the disqualifying offense or incident. Include what happened, how it happened, why it happened, when and where it happen, any person present at the time, and the circumstances from your point of view. Include why you feel your Good Cause Waiver should be approved.
- One (1) sponsorship letter from a previous or current employer, training agency or school stating how long the person has known you and why they feel you should be recommended for a Good Cause Waiver. If you are unable to obtain a sponsorship letter, submit 3 character references from person who are knowledgeable of your character and employment history. The reference letters cannot be from someone relate to or residing with you.
- Attach your employment history since the age of 18, including time period worked for each employer.

### Include (if applicable):

- If the disqualifying finding is substantiated child abuse/neglect finding and/or foster parent denial/revocation/suspension finding, attach the investigation report from the Department of Social Services (DSS). This report is approximately 10 pages long and is available to you upon telephone or written request from you local DSS office.
- If you have ever been refused a license, certificate, or registration by any public or governmental licensing board, agency or regulatory authority, please explain the incident that led to the disciplinary action.
- If you have any pending felony or misdemeanor charges, include a statement explaining the circumstances and copies of the charging documents for all pending criminal charges.
- Explain any pending charges of child abuse, neglect or endangerment.
- Explain any pending charges that might result in the denial, revocation, or involuntary suspension of a foster parent license.
- Explain any pending charges that might lead to your inclusion on the Department of Mental Health Employee Disqualification list.

## **HOW WILL I BE NOTIFIED REGARDING THE OUTCOME OF MY GOOD CAUSE WAIVER?**

Complete applications for Good Cause Waiver will be reviewed by a panel of health professionals. Applicants will be notified by mail regarding the decision. To check on the status of your application, please go to:

[www.dhss.mo.gov/safety/goodcausewaiver](http://www.dhss.mo.gov/safety/goodcausewaiver) .

## **IF A GOOD CAUSE WAIVER APPLICATION IS DENIED, CAN I REAPPLY?**

Yes, you may reapply one year from the date of the denial.

## **WHERE DO I SEND MY GOOD CAUSE WAIVER APPLICATION?**

Send complete applications for Good Cause Waiver and supporting documents to: Missouri Department of Health and Senior Services, Good Cause Waiver Program, P.O. Box 570, Jefferson City, MO 65102 or fax to: 573-522-6981 or Email scanned documents as an attachment to: [fcsr@health.mo.gov](mailto:fcsr@health.mo.gov). If you have questions, please call 1-866-422-6872.