



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

TYPE OR PRINT CLEARLY

**SECTION A - REQUIRED ATTACHMENTS**

**IMPORTANT! Incomplete applications will delay the application review. Please review the application for all required attachments prior to submitting.**

1. A complete Explanation of Background Screening Findings form for **EACH** finding reported in your background screening.
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 three (3) character reference letters from persons who are knowledgeable of your character and employment history. The reference letters cannot be from someone related to or residing with you.
3. A complete Employment History form noting your employment since the age of 18, including the time period worked.
4. If applicable: Copies of investigation report(s) for each child abuse/neglect finding. This report is at least 10 pages long and is available to you by contacting the Department of Social Services, Children's Division Office in the county where the incident(s) occurred.

**SECTION B - 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<br>/ /                                | DAYTIME TELEPHONE NUMBER |          |
| EMAIL ADDRESS (REQUIRED)           |  |   | WHICH STATES HAVE YOU LIVED IN SINCE THE AGE OF 18? |                          |          |
| CURRENT EMPLOYER NAME              |  |   | DATES OF EMPLOYMENT                                 | POSITION                 |          |
| EMPLOYER LOCATION (CITY, STATE)    |  |   |   |                          |          |

1. HAVE YOU HAD ANY PROFESSIONAL LICENSE REVOKED, DENIED, OR SUSPENDED? (FOR EXAMPLE, CNA, LPN, RN, MD, ETC.)  
 Yes  No If you checked YES, please explain:

2. DID YOU TELL YOUR CURRENT OR POTENTIAL EMPLOYER ABOUT THE FINDING(S) REPORTED IN YOUR BACKGROUND SCREENING?  
 Yes  No If you checked NO, please explain:

**SECTION C - REQUIRED ATTACHMENTS CHECKLIST**

Before you sign and date, check the following REQUIRED documents are included with this APPLICATION FOR GOOD CAUSE WAIVER form:

- Explanation of Background Screening Findings form for **EACH** finding
- One (1) sponsorship or three (3) character reference letters
- Employment History form
- Child Abuse/Neglect investigation report (if applicable)

**SECTION F - APPLICANT AFFIDAVIT**

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.

|                     |      |
|---------------------|------|
| 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 employment in those regulated health care fields.

## **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 Findings 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 happened, any person(s) present at the time, and the circumstances from your point of view. Include why you feel your Good Cause Waiver application 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 three (3) character reference letters from persons who are knowledgeable of your character and employment history. The reference letters cannot be from someone related to or residing with you.
- Attach your employment history since the age of 18, including the time period worked for each employer.

### Include (if applicable):

- If the disqualifying finding is substantiated child abuse/neglect finding(s), attach the investigation report(s) for each child abuse/neglect finding. This report is at least 10 pages long and is available to you by contacting the Department of Social Services, Children's Division Office in the county where the incident(s) occurred.
- Explain any pending disqualifying criminal history offenses or any pending reports that may lead to your inclusion on the Department of Social Services Child Abuse/Neglect Central Registry or the Department of Health and Senior Services or Department of Mental Health disqualification registries. Include certified copies of the charging documents for all pending criminal charges.
- 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.
- Attach any documentation that, in your opinion, supports your application for a Good Cause Waiver by demonstrating rehabilitation, positive lifestyle change, etc.

## **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 visit our website at: [www.health.mo.gov/safety/goodcausewaiver](http://www.health.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, required attachments and supporting documents to: Missouri Department of Health and Senior Services, Good Cause Waiver Program, P.O. Box 570, Jefferson City, MO 65102. Alternatively you may fax complete application documents to 573-522-6981 or email as an attachment to [fcsr@health.mo.gov](mailto:fcsr@health.mo.gov). If you have questions, please call 1-866-422-6872.

**IMPORTANT! Incomplete applications will delay the application review. Please review the application for all required attachments prior to submitting.**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**GOOD CAUSE WAIVER**  
**EXPLANATION OF BACKGROUND SCREENING FINDINGS**

Type or Print Clearly

(Please use one page for each arrest/investigation)

**SECTION A: APPLICANT INFORMATION**

|                     |            |                        |
|---------------------|------------|------------------------|
| LAST NAME           | FIRST NAME | MIDDLE NAME            |
| APPLICANT SIGNATURE |            | SOCIAL SECURITY NUMBER |

**SECTION B: EXPLANATION OF ARREST / INVESTIGATION**

|   |               |
|---|---------------|
| DATE OF INCIDENT  |               |
| EMPLOYER AT TIME OF INCIDENT  | POSITION HELD |
| WRITE A SHORT EXPLANATION OF WHAT HAPPENED. (Include how and where it happened, persons present and your description of the incident).<br>(Please use back, if necessary) |               |
| EXPLAIN WHY YOU FEEL YOUR GOOD CAUSE WAIVER SHOULD BE APPROVED. (Please use back, if necessary)   |               |

