  **NATIONAL SERVICE CRIMINAL HISTORY CHECK**

**VERIFICATION FORM**

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| **APPLICANT INFORMATION***Name must match the government-issued photo ID used to verify identity* | First NameClick or tap here to enter text. | Last NameClick or tap here to enter text. | MI Click or tap here to enter text. |
| Position Title Click or tap here to enter text. | Start DateClick or tap here to enter text. |
| Is this individual serving a consecutive term with break in service of ***less than*** 120 days? | [ ]  No [ ]  Yes | If you responded ***Yes***, are checks from the previous term of service being used for this term? |  Click or tap to enter a date.[ ]  No [ ]  Yes |
| **TRUESCREEN**(NSOPW, State of Service, State of Residence)*Must complete/ adjudicate* ***prior to*** *the first day of service or work* | [ ] Copies of adjudicated Truescreen check results are retained in individual’s file to document completion/adjudication.  |
| [ ]  The applicant’s State of Residence is **Hawaii**. The State of Residence check requirement is satisfied by the State of Service. State of Residence section below is intentionally left blank. |
| State of Residence: | Click or tap here to enter text. |
| Is a State of Residence Check required? (choose one) | [ ]  State of Residence Check **is** required: copy of adjudicated Truescreen check result is retained in individual’s file.[ ]  State of Residence **is not** required because it is covered by CNCS’s Truescreen ASP or is an NFF State (and individual has an FBI check). |
| **FIELDPRINT**(FBI Fingerprint-Based Check)*Must initiate* ***no later than*** *the first day of service or work* | [ ]  Copy of adjudicated Fieldprint results are retained in individual’s file to document initiation and completion/adjudication. |
| If an individual had a “**not cleared”** status on their Fieldprint result, the following additional documentation is maintained:  | [ ]  Evidence the program used in making eligibility determination.[ ]  Consideration of Results section of this form should be contemporaneously signed and dated to document individual’s eligibility. |
| **ACCOMPANIMENT***Required until* ***all*** *required checks are completed/adjudicated* | Did individual have **all** required checks completed/adjudicated prior to the start of service/work?*(choose one)* | [ ] Yes – accompaniment was not required.[ ]  No – individual had access to vulnerable populations while checks were pending. Accompaniment was provided, and documentation is attached.[ ]  No – individual did not have access to vulnerable populations while checks were pending.  |
| **CONSIDERATION****OF RESULTS***To be completed by authorized program staff* ***after*** *all required checks have been completed and reviewed* | Statement of Eligibility*(choose one)* | [ ] This individual has been deemed ***eligible*** for service/work with the program.[ ] This individual has been deemed ***ineligible*** for service/work with the program. |
| I certify I have reviewed the results and made the determination indicated above. Additionally, I certify the results of these checks have been kept confidential, the program has paid for the checks, and the program has allowed the individual the opportunity to review any findings from the checks. |
| Date of Consideration Click or tap to enter a date. | Authorized Program Staff SignatureX | Authorized Program Staff Name Printed Click or tap here to enter text. |
| ***The Date of Consideration written in by program staff is considered the completed date for the FBI check.*** ***As such, accompaniment must be provided up until the Date of Consideration.***  |

**INSTRUCTIONS**

*This page is intended to provide instructions on completing the NSCHC Verification Form and does not need to be kept in individual files.*

**APPLICANT INFORMATION**

1. Please enter the First and Last Name exactly as it appears on the government issued ID uploaded to Truescreen. It is important that programs are reviewing government issued IDs prior to initiating checks in Truescreen to verify exact name matches are being run.
2. If a member had a gap in service with the same program that was less than 120 days, the program may use the previous checks for the current term of service. The program should make a copy of the original checks to maintain in the current program year member file (as well as retaining the original checks in the original term of service member file).

**TRUESCREEN**

1. Checks must be completed/adjudicated **prior to** the first day of service/work for the individual. For this reason, HCNCS is only tracking completion date, and no longer tracking date of initiation.
2. Please see sample Truescreen Reports to verify correct reports are being retained.
	1. Summary page will have a green dot beside Adjudicated Pass/Review indicating program adjudication.
	2. Adjudication History page (using the “Adjudicate This Case” link). The date the **program** adjudicated the checks, listed under “Action Date” will be considered the date of completion
3. Please review [CNCS’s Alternative Search Protocol (ASP)](https://www.nationalservice.gov/sites/default/files/documents/Current%20Pre-Approved%20ASPs%2012-20%20508.pdf) to determine which states do not require a separate state of residence checks. States covered under the Truescreen ASP are listed in ASP #1, and states covered by the National Fingerprinting File ASP are listed under ASP #2. Please note that if ASP #2 is being used, the individual must have an FBI Fingerprinting check on file.

**FIELDPRINT**

1. Documentation of initiation and completion is retained within the Fieldprint results. Once the program has received results from Fieldprint those results should be printed and retained.
2. Please see sample Fieldprint results to verify correct documentation is being retained.
3. Initiation is defined as the date the fingerprinting appointment was scheduled and is documented as the “Date Received” on the Order Information of the Fieldprint results.
4. If an individual receives a “not cleared” status on the Fieldprint results, the program must take additional steps to verify eligibility. The program must retain the Fieldprint print results and maintain documentation of evidence the program used in making the eligibility determination. The “Consideration of Results” section of the NSCHC Verification Form should be signed and dated contemporaneously to document the individual’s eligibility.
5. Completion is documented through the “Date of Consideration” listed by the program on the NSCHC Verification Form. This date must be on or after the “Date Completed” on the Order Information of the Fieldprint results. The “Date of Consideration” indicates the results were received and reviewed.

**ACCOMPANIMENT**

1. Accompaniment is required until ALL check components have cleared (including any additional eligibility verification needed for the FBI Fingerprinting check in the event that an individual receives a “not cleared” status). Accompaniment must be provided up until the “Date of Consideration” on the Verification Form.

**CONSIDERATION OF RESULTS**

1. Program should determine eligibility, and then sign and date NSCHC Verification Form AFTER all checks have been completed/adjudicated, including any additional eligibility verification needed in the event an individual received a “not cleared” status on Fieldprint check results. The date considered does not need to be prior to the start of service.