



## Acceptance of Responsibility for Employment Form

The Kansas WORK UnitedHealthcare (UHC) Program requires participants to obtain criminal background checks for all potential workers. This form must be signed and sent to Kansas WORK UHC, through Public Partnerships LLC (PPL) after receiving the results of a Criminal Background Check that indicates the worker has been convicted of a crime.

The undersigned acknowledges that “as an individual in the Kansas WORK Program, I have the right to choose to hire and employ a worker who I know has been convicted of a crime. However, I understand that if a worker fails the KBI Registered Offenders check, this option does not apply.”

A list of crimes that automatically disqualify a worker from employment in this program are listed below.

- Offenses for which a person must register with the sex offender registry, including kidnapping, rape, sodomy, sexual battery, child pornography, and child sexual exploitation
- Murder, Attempted Murder, or Assault with a deadly weapon
- Any other crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault and battery
- Infliction of injury on a present or former spouse or cohabitant or parent of a child
- Endangering a child or causing or permitting a child to suffer physical pain, mental suffering, or injury
- Fraud against a government program
- Child, or elder abuse, neglect (lesser charge)

My worker \_\_\_\_\_ has:

- PASSED BY EXCEPTION (Criminal records were returned, but they are not listed above)
- FAILED (I do not wish to hire this worker or they are disqualified per the above regulations)

By choosing to hire a worker who has been convicted of a crime that is not listed above, I understand that this decision and the consequences thereof are my sole responsibility. In making all hiring decisions as an employer, I agree to hold harmless from any claims and responsibility Kansas WORK UHC, my assigned Care Coordinator, and Public Partnerships LLC.

Participant/Employer Signature	Date
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Last Name (Print)	First Name (Print)	Middle Name (Print)
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Please sign and date above and email, fax, or mail the completed form to KS WORK UHC, through Public Partnerships.

<b>Fax Number:</b>  1-855-344-5443	<b>Email:</b>  pplks-unitedhealthcare@pcgus.com	<b>Mailing Address:</b>  Attn: KS WORK UHC Public Partnerships LLC One Cabot Road, Suite 102 Medford, MA 02155
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