



STUART T. WILSON CPA, PC
CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

Criminal Background Check Waiver

By the contract provisions of the Self Determination policy and practice guidelines, I
_____, have the authority to hire a personal aide/staff to work with me.
(Employer)

I am aware that Medicaid Funding Agency is required to conduct a background check prior to any
personal aide/staff being hired to assist a participant. As the result of a criminal background check
regarding _____, Medicaid Funding Agency has informed me that
(Employee)

he/she has a criminal record I have considered the information in choosing to employ
_____ as my personal aide/staff.
(Employee)

I have chosen to accept _____ as my employee and agree to hold Medicaid
(Employee)
Funding Agency harmless regarding all consequences that may arise from the employment.

I have decided not to hire _____ as my employee.
(Employee)

Employer/Designated Representative

Date