

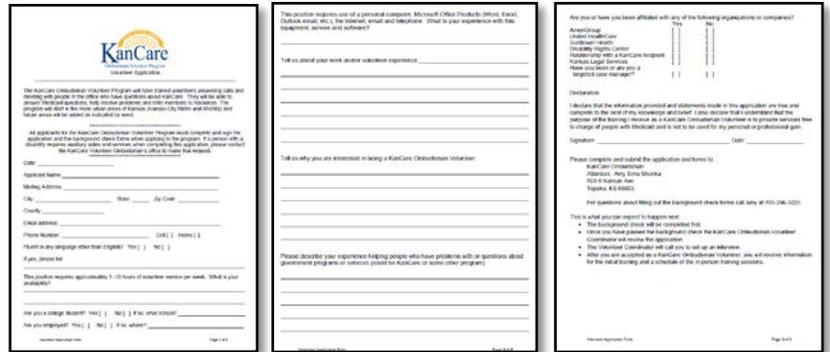
Dear Volunteer Applicant,

Thank you so much for taking the time to complete the Volunteer Application and Background Check for the **KanCare Ombudsman Volunteer Program**. Please do not hesitate to call me with ANY questions you may have, or for help in finding your nearest free notary public. Here are a couple of notes that will hopefully make the application process easier for you.

Thank you,

Lisa Churchill  
KanCare Ombudsman Volunteer Coordinator

**1. Volunteer Application (3 pages)**



**2. Background Check (Only 3 of 6 pages must be completed; others are explanatory.)**

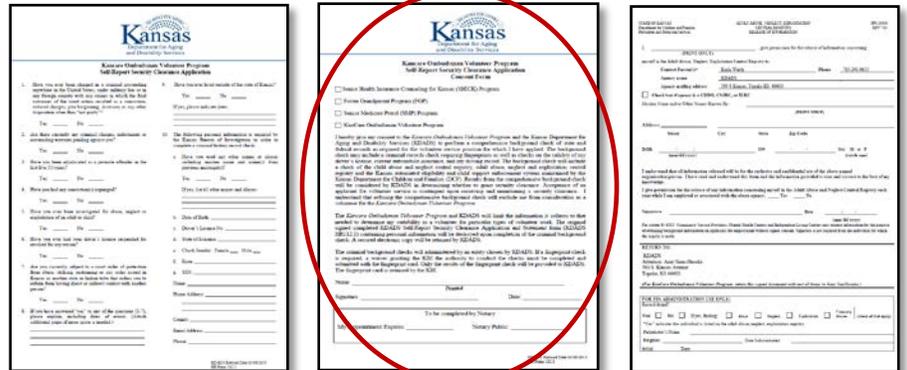
- Consumers may be sharing private health information; you will be granted a certain security clearance, so this background check is necessary.

**2<sup>nd</sup> page:**

Please bring all three pages of the background check form with you to the notary.

**Wait to complete this page until in front of notary!**

Be sure to bring one form of picture ID



New England Building  
503 South Kansas Avenue  
Topeka, KS 66603-3404



Toll Free: 1-855-643-8180  
TTY: 771  
[www.kancare.ks.gov/ombudsman](http://www.kancare.ks.gov/ombudsman)

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Kerrie Bacon, KanCare Ombudsman

Sam Brownback, Governor

2016

Dear Potential Volunteer,

Thank you for your interest in applying for the KanCare Ombudsman Volunteer program. This is a new program and we are very excited to get started and begin training and working with the new volunteers. Your work will help people access KanCare/Medicaid and resolve problems with KanCare/Medicaid and/or related organizations.

There are two parts to the application. First is the general application which is three pages. Second is the background check which has several pages but only three pages that need to be filled out. All of it should be read carefully. Your background check signature needs to be notarized. If you are not sure where to find a notary, your local bank or your local library typically are a good places to start.

People with disabilities are encouraged to apply. Reasonable accommodations will be made on request for completing anything required in this application packet. Please contact the office either by phone, relay service or email to make that request.

If you find you have a question as you fill out the forms, you can call our office and talk to Amy Sims-Shonka at 785-296-5225.

Thank you for considering the Ombudsman Program for your volunteer time.

Sincerely,

A handwritten signature in black ink that reads "Lisa Churchill". The signature is written in a cursive style.

Lisa Churchill  
KanCare Ombudsman Volunteer Coordinator



The KanCare Ombudsman Volunteer Program will have trained volunteers answering calls and meeting with people in the office who have questions about KanCare. They will be able to answer Medicaid questions, help resolve problems and refer members to resources. The program will start in the more urban areas of Kansas (Kansas City Metro and Wichita) and future areas will be added as indicated by need.

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All applicants for the KanCare Ombudsman Volunteer Program must complete and sign the application and the background check forms when applying to the program. If a person with a disability requires auxiliary aides and services when completing this application, please contact the KanCare Volunteer Ombudsman's office to make that request.

\*\*\*\*\*

Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell [ ] Home [ ]

Fluent in any language other than English? Yes [ ] No [ ]

If yes, please list

\_\_\_\_\_

This position requires approximately 3 -10 hours of volunteer service per week. What is your availability?

\_\_\_\_\_

\_\_\_\_\_

Are you a college student? Yes [ ] No [ ] If so, what school? \_\_\_\_\_

Are you employed? Yes [ ] No [ ] If so, where? \_\_\_\_\_

This position requires use of a personal computer, Microsoft Office Products (Word, Excel, Outlook email, etc.), the Internet, email and telephone. What is your experience with this equipment, service and software?

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Tell us about your work and/or volunteer experience.

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Tell us why you are interested in being a KanCare Ombudsman Volunteer.

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Please describe your experience helping people who have problems with or questions about government programs or services (could be KanCare or some other program)

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Are you or have you been affiliated with any of the following organizations or companies?

	Yes	No
AmeriGroup	[ ]	[ ]
United HealthCare	[ ]	[ ]
Sunflower Health	[ ]	[ ]
Disability Rights Center	[ ]	[ ]
Relationship with a KanCare recipient	[ ]	[ ]
Kansas Legal Services	[ ]	[ ]
Have you been or are you a targeted case manager?	[ ]	[ ]

Declaration:

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a KanCare Ombudsman Volunteer is to provide services free of charge of people with Medicaid and is not to be used for my personal or professional gain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and submit the application and forms to:

KanCare Ombudsman  
Attention: Amy Sims-Shonka  
503 S Kansas Ave  
Topeka, KS 66603.

For questions about filling out the background check forms call Amy at 785-296-5225.

This is what you can expect to happen next:

- The background check will be completed first.
- Once you have passed the background check the KanCare Ombudsman Volunteer Coordinator will review the application.
- The Volunteer Coordinator will call you to set up an interview.
- After you are accepted as a KanCare Ombudsman Volunteer, you will receive information for the initial training and a schedule of the in-person training sessions.



**Kancare Ombudsman Volunteer Program  
Criminal History Security Clearance Background Procedures  
(Volunteer copy)**

Below is an explanation of the KDADS forms and procedure used for Criminal History Security Clearance Background checks. As a volunteer you are required to complete the information. Upon completion of the application you will mail the original forms back to KDADS.

You are receiving the following documents:

- KDADS Self Report Security Clearance Application and Consent Form (HR Form 112.1a) (Complete form, notarize and return to KDADS)
- Adult Abuse Neglect Exploitation Central Registry Release of Information Form (Complete form, sign and return to KDADS)
- Criminal History Security Clearance Background Procedures (HR Form 112.1a) (Volunteer copy)
- 8.9 Security Clearance: Background Checks list of Prohibited Crimes and Prohibited Conduct (Volunteer copy)

Please read these documents carefully. **Your signature on the form must be notarized.** You can complete the form ahead of time, but the actual signing must be done in the presence of a notary. When the form has been signed and notarized; ***mail with your return address to KDADS, Attention: Amy Sims-Shonka, 503 S. Kansas Avenue, Topeka, KS 66603.***

You may keep the 8.9 Security Clearance Background Checks list of Prohibited Crimes and Prohibited Conduct information sheet. This is a list of crimes and behaviors that could prohibit you from serving as a volunteer if the criminal background check produces a criminal record under your name. I understand that once I am a volunteer, I am required to notify the KanCare Ombudsman Volunteer Coordinator any time I am charged with or convicted of a prohibited crime and that my failure to do so may forfeit my position as a volunteer.

**Fingerprint Check**

Applicants/volunteers will be required to complete a fingerprint check and submit the forms to KDADS in these circumstances if:

- you have been a resident of Kansas for less than 5 years or currently live outside the state or;
- the initial background check indicates a potential criminal record.

The applicants/volunteers requiring fingerprints will be notified through the mail. The required forms and instruction for submitting fingerprints will be included with the notice.

All results of the criminal background checks are sent back to KDADS and retained electronically on a secure website. Any criminal history generated as a result of the background checks is confidential and viewed only by KDADS legal department.

Please contact Amy Sims-Shonka at (785) 296-5225 or amy.simsshonka@kdads.ks.gov if you have further questions. People with disabilities will be accommodated with auxiliary aides and services in compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Please contact the KanCare Ombudsman's office to make that request.



**Kancare Ombudsman Volunteer Program  
Self-Report Security Clearance Application**

1. Have you ever been charged in a criminal proceeding anywhere in the United States, under military law or in any foreign country with any crimes in which the final outcomes of the court action resulted in a conviction, reduced charges, plea bargaining, diversion or any other disposition other than “not guilty”?
- Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are there currently any criminal charges, indictments or outstanding warrants pending against you?
- Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you been adjudicated as a juvenile offender in the last five (5) years?
- Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you had any conviction(s) expunged?
- Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been investigated for abuse, neglect or exploitation of an adult or child?
- Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever had your driver’s license suspended for revoked for any reason?
- Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you currently subject to a court order of protection from abuse, stalking, restraining or any order issued in Kansas or another state or Indian tribe that orders you to refrain from having direct or indirect contact with another person?
- Yes \_\_\_\_\_ No \_\_\_\_\_
8. If you have answered “yes” to any of the questions (1-7), please explain, including dates of events. (Attach additional pages if more space is needed.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Have you ever lived outside of the state of Kansas?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please indicate dates.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. The following personal information is required by the Kansas Bureau of Investigation in order to complete a criminal history record check:
- a. Have you used any other names or aliases including maiden name and name(s) from previous marriage(s)?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, list all other names and aliases:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. Date of Birth: \_\_\_\_\_
- c. Driver’s License No: \_\_\_\_\_
- d. State of Issuance: \_\_\_\_\_
- e. Check Gender: Female \_\_\_ Male \_\_\_
- f. Race: \_\_\_\_\_
- g. SSN: \_\_\_\_\_
- Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- County: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone: \_\_\_\_\_



**Kancare Ombudsman Volunteer Program  
Self-Report Security Clearance Application  
Consent Form**

- Senior Health Insurance Counseling for Kansas (SHICK) Program
- Foster Grandparent Program (FGP)
- Senior Medicare Patrol (SMP) Program
- KanCare Ombudsman Volunteer Program

I hereby give my consent to the *Kancare Ombudsman Volunteer Program* and the Kansas Department for Aging and Disability Services (KDADS) to perform a comprehensive background check of state and federal records as required for the volunteer service position for which I have applied. The background check may include a criminal records check requiring fingerprints as well as checks on the validity of my driver's license, current automobile insurance, and my driving record. The background check will include a check of the child abuse and neglect central registry, adult abuse, neglect and exploitation central registry and the Kansas automated eligibility and child support enforcement system maintained by the Kansas Department for Children and Families (DCF). Results from the comprehensive background check will be considered by KDADS in determining whether to grant security clearance. Acceptance of an applicant for volunteer service is contingent upon receiving and maintaining a security clearance. I understand that refusing the comprehensive background check will exclude me from consideration as a volunteer for the *Kancare Ombudsman Volunteer Program*.

The *Kancare Ombudsman Volunteer Program* and KDADS will limit the information it collects to that needed to determine my suitability as a volunteer for particular types of volunteer work. The original signed completed KDADS Self-Report Security Clearance Application and Statement form (KDADS HR112.1) containing personal information will be destroyed upon completion of the criminal background check. A secured electronic copy will be retained by KDADS.

The criminal background checks will be administered by an entity chosen by KDADS. If a fingerprint check is required, a waiver granting the KBI the authority to conduct the checks must be completed and submitted with the fingerprint card. Only the results of the fingerprint check will be provided to KDADS. The fingerprint card is retained by the KBI.

Name: \_\_\_\_\_  
Printed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Notary	
My Appointment Expires: _____	Notary Public: _____

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* Karla Werth Phone 785-291-0653  
Agency name KDADS  
Agency mailing address 503 S Kansas, Topeka KS 66603

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: \_\_\_\_\_  
(PRINT ONLY)

Address: \_\_\_\_\_  
Street City State Zip Code

DOB:  / / SS#:  - - Sex: M or F  
(mm/dd/yyyy) (circle one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: \_\_\_\_\_ Date:  / /  
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

**RETURN TO:**

KDADS  
Attention: Amy Sims-Shonka  
503 S. Kansas Avenue  
Topeka, KS 66603.

(For KanCare Ombudsman Volunteer Program, return this signed document with rest of forms to Amy SimShonka.)

**FOR PPS ADMINISTRATION USE ONLY:**

Record found?

Yes  No  If yes, finding:  Abuse  Neglect  Exploitation  Fiduciary Abuse (check all that apply)

“Yes” indicates the individual is listed on the adult abuse, neglect, exploitation registry.

Perpetrator's Name: \_\_\_\_\_

Region: \_\_\_\_\_ Date Substantiated: \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## 8.9 Security Clearance: Background Checks

To safeguard the interests of vulnerable customers, residents, patients and KDADS staff, and to minimize risk of their injury, KDADS may require any top applicant, employee, student, intern, volunteer, independent contractor or contracted staffer to obtain and maintain security clearance as a condition of employment/service to the agency. Results from background checks of state and federal records will be considered by KDADS in determining whether to grant security clearance. Individuals may be required to submit fingerprints for use in obtaining records.

KDADS reserves the right to disqualify from consideration for employment/service any individual who is denied or fails to maintain security clearance when required to do so. Security clearance may be denied to an individual who has been convicted of a prohibited crime as detailed below. Conviction of a prohibited crime or having engaged in prohibited conduct as defined below occurring more than five years ago will not automatically result in denial of security clearance but may be considered in determining whether to grant security clearance.

### Prohibited Crimes:

- Abandonment of a Child
- Abuse
- Abuse of a Child
- Aggravated Abandonment of a Child
- Aggravated Arson
- Aggravated Battery
- Aggravated Burglary
- Aggravated Incest
- Aggravated Robbery
- Aggravated Sodomy
- Aiding Escape
- Altering a Legislative Document
- Arson
- Assault
- Assisting Suicide
- Battery
- Bigamy
- Blackmail
- Bribery
- Burglary
- Contributing to a Child's Misconduct or Deprivation
- Criminal Damage to Property
- Criminal Nonsupport
- Criminal Restraint
- Criminal Threat
- Electronic Solicitation
- Endangering of a Child
- Exposing Another to a Life Threatening Communicable Disease
- Forgery
- Furnishing Alcoholic Liquor/Beverage or Cereal Malt Beverage to a Minor
- Harassment
- Hazing
- Illegal Use of Weapons of Mass Destruction or Furtherance of Terrorism
- Incest
- Indecent Liberties With a Child, Ward
- Indecent Solicitation of a Child
- Injury to a Pregnant Woman
- Interference with Parental Custody
- Interference with the Conduct of Public Business in a Public Building
- Interference with the Custody of a Committed Person
- Intimidation of a Witness or Victim
- Involuntary Manslaughter
- Kidnapping
- Lewd and Lascivious Behavior
- Making False Writing
- Mistreatment of a Confined Person
- Mistreatment of a Dependent Adult
- Murder
- Obstructing Legal Process or Official Duty
- Official Misconduct
- Patronizing a Prostitute
- Perjury
- Permitting Dangerous Animal to be at Large
- Poisoning
- Possession, Possession with the Intent to Sell
- Promoting Obscenity
- Promoting Prostitution
- Prostitution
- Rape
- Robbery
- Sale, Manufacture or Production of any Drug Listed in the Uniform Controlled Substances Act, KSA 65-4101 et. seq.
- Sedition
- Sexual Battery
- Sexual Exploitation of a Child

- Sodomy
- Stalking
- Terrorism
- Theft
- Threat, Criminal or Terroristic
- Trafficking
- Treason
- Unlawful Administration of a Substance
- Unlawful Disclosure of Tax Information
- Unlawful Interference
- Unlawful Sexual Relations
- Vehicular Homicide
- Voluntary Manslaughter
- \*Any other crimes including attempts, conspiracies, and solicitation to commit any of the crimes listed

A conviction or other disposition of a prohibited crime (*including but not limited to entering a diversion agreement; a plea of guilty, no contest or nolo contendere; a finding of guilt on original or reduced charges by a judge or a jury; plea bargaining to lesser charges; being found not guilty by reason of insanity; or expungement of conviction*) may be considered in determining whether to grant a security clearance. Any pending charges involving a prohibited crime may also be considered.

Prohibited Conduct:

Convictions which are titled differently than those on the prohibited crimes list but which encompass *the same or substantially similar conduct* are also considered as prohibited conduct. KDADS may also consider as prohibited conduct any administrative findings or pending criminal charges or allegations of welfare fraud, state and/or federal program or benefit fraud including but not limited to food assistance, cash assistance, Medicaid and Social Security, child or adult abuse, neglect, exploitation or termination of parental rights. Other types of convictions and conduct may be considered in determining whether to grant a security clearance, if the conviction or conduct bears a substantial relationship to the job duties of the position/service and consideration is consistent with business necessity.