

## Background Check Checklist:

Information You Will Need to Submit a Background Check into ORCHARDS



With ORCHARDS, the Background Check Unit is no longer using the background check request form (MSC301) or its various versions. This system is meant to work paperlessly. However, you can use this checklist to gather information you will need about a subject individual (SI) when submitting a new background check request into ORCHARDS. See page 2 for more information on Dropdowns mentioned in the list below.

### Subject individual (SI) Information Required Fields Marked with Asterisk (\*)

<input type="checkbox"/>	Social Security # (Note This is voluntary. The SI must approve):
<input type="checkbox"/>	*Complete Name:
<input type="checkbox"/>	*Date of birth (mm/dd/yyyy):
<input type="checkbox"/>	*Residential address:
<input type="checkbox"/>	Mailing address (if different):
<input type="checkbox"/>	*Prior names and aliases:
<input type="checkbox"/>	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Not Specified <input type="checkbox"/> Other <input type="checkbox"/> Both
<input type="checkbox"/>	*Phone: <span style="float: right;">*Type of Phone (home, mobile, etc.):</span>
<input type="checkbox"/>	2 <sup>nd</sup> Phone: <span style="float: right;">Type Phone:</span>
<input type="checkbox"/>	*Email:
<input type="checkbox"/>	Residential History outside OR, past five years (SI will also disclose this):
<input type="checkbox"/>	

### Pre-Employment Information Required Fields Marked with Asterisk (\*)

<input type="checkbox"/>	*Provider (Already listed or from dropdown):
<input type="checkbox"/>	*Request type (From dropdown):
<input type="checkbox"/>	*Position Category (Already listed or from dropdown):
<input type="checkbox"/>	*Position (From dropdown):
<input type="checkbox"/>	*Position Description (include worksite location; you can also upload on Verify Identity page):
<input type="checkbox"/>	
<input type="checkbox"/>	*Employee Type (from dropdown):
<input type="checkbox"/>	Position Requires Direct Contact with: <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Confidential Information
<input type="checkbox"/>	<input type="checkbox"/> Finances/Financial Records <input type="checkbox"/> Information Technology Systems <input type="checkbox"/> Secure Facilities <input type="checkbox"/> Seniors
<input type="checkbox"/>	Position Requires: <input type="checkbox"/> Driving

### Applicant: Verify Identity Required Fields Marked with Asterisk (\*)

<input type="checkbox"/>	*Document (from dropdown):
<input type="checkbox"/>	*Issuing State/Authority:
<input type="checkbox"/>	*Document Number:
<input type="checkbox"/>	*Expiration Date:
<input type="checkbox"/>	Identity Document to upload (can be .doc, .pdf, .jpg, etc.).

## **DROPDOWN DETAILS**

Provider dropdown: If you are associated with more than one qualified entity (QE), or your QE is split into different CMS requirements, you will see a dropdown. Choose the correct QE where the SI will be working.

Request Type: Request types (formerly called app types) are specific to each QE and will determine other fields on this page. Choose the correct request type for your SI.

Position Category: If this is not already listed, you will need to choose the correct CMS category from the following:

- Executive, Administrative, Managerial
- Professional/Licensed Health Care
- Technical, Unlicensed Health Care (including AFH paid and HCWs)
- Laboratory and Radiology Services
- Food and Dietary Services
- Housekeeping and Engineer Services
- Any other direct access employee

Position: All position titles are now in a dropdown list. If you do not see the SI's position, you may have chosen the incorrect Request Type or Position Category. If you still cannot find the Position Title, please choose "other," include the position and full description in the Position Description box, and send an email to [bcu.info@dhsosha.state.or.us](mailto:bcu.info@dhsosha.state.or.us) with your agency, request type, and needed position.

Employee Type: Depending on the request type you have chosen you will see one or more of the following. Choose one:

- Employee
- Contractor
- Employment Agency
- Volunteer/Student
- Not Providing Care
- Licensee
- Owner
- Household Member

[Identity] Document: You can confirm an SI's identity with a government-issued photo identification. The following are listed in ORCHARDS:

- Oregon State Issued Driver's License
- Oregon State Issues Identification Card
- Non Oregon State Issued Driver's License
- Non Oregon State Issued Identification Card
- United States Armed Forces ID
- Passport
- Visa
- High School/College ID
- Other Government-Issued Photo ID