State of Illinois
Department of Human Services - Division of Rehabilitation Services - Home Services Program

PROVIDER BACKGROUND SCREENING DISPUTE FORM

Dear Provider
You enrolled in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system to work as an Individual Provider (IP) for a Customer of the Home Services Program (HSP).

The IMPACT system requires a background screening. The screening returned waivable and/or non-waivable crime(s) matching your personal information.

- A waivable crime will allow an HSP customer the choice to hire you.
- A non-waivable crime, if verified, will be reviewed by Healthcare and Family Services (HFS), Office of Inspector General (OIG). HFS OIG will decide if your enrollment is approvable.

Please choose one of the options below. You must provide proof to any claims made on this form.

☐ **I DISPUTE** HSP will proceed with a secondary screening if you select this option.	• I have reviewed the screening results and accuracy of the background screening. • Additional information to support the claim is as below.
☐ **I DO NOT DISPUTE**	• I have reviewed and confirm screening results are accurate. • I do not think I present a danger to the safety or wellbeing of the customer. • Screening results will not affect my quality of care to the customer.

Pardon Information

Have you received any type of pardon for your crime(s)? ☐ Yes ☐ No	Pardoning Authority: _____ County / State: _____ Convicted Offense: _____ Date of Pardon: _____ Terms of Pardon: _____

Please provide evidence / details in the below box which may include:

- Post-crime community service, Charitable activity, Rehabilitation.
- Length of time since Crime, Stable employment, Long-term relationships.

Note:

1. Attach proof to your claim and extra page(s) if necessary.
2. Include evidence if you think that the background screening is inaccurate (E.g., Not convicted of the crimes, wrong person, Wrong SSN).

Provider Name _____ Provider Signature _____ Date _____

Please complete and return this form to your local DRS office or to:

HSP IMPACT UNIT
Provider Background Screening
100 S Grand Ave E, 1st Floor
Springfield, IL 62762