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

PROVIDER BACKGROUND SCREENING (REVALIDATION) WAIVABLE CONVICTIONS - CONSENT FORM

Dear Customer: Date: _____

You were previously notified of Individual provider (IP) _____ having waivable crimes. Your IP most recently completed the background screening, and it returned crime(s) that you can "waive".

The background screening results have been verified as accurate by the IP, or through a second background screening verification. You have a **choice to retain or discontinue this provider.** Please return within 20 business days from the date of this form.

The crime(s) reported for the provider are:

☐ **I CONSENT** • I elect to retain this IP. • IP can continue to be paid by HSP	• I have reviewed the information provided to me regarding the revalidation. • I have received and reviewed the Waivable convictions Notification letter (Revalidation) that lists the crime(s). • I have received and reviewed the completed IL488-2540R, the Revalidation-Dispute form. • I have received and reviewed all additional information requested by, and/or provided to me, from HSP or the IP. • I have enough information to make an informed choice.
☐ **I DO NOT CONSENT** • I elect not to retain this IP and will find another IP. • IP will no longer be able to be paid by HSP. • No Response will be considered "I Do Not Consent"	• I have reviewed the information provided to me regarding the revalidation. • I have received and reviewed the Waivable convictions Notification letter (Revalidation) that lists the crime(s). • I have received and reviewed the completed IL488-2540R, the Revalidation-Dispute form. • I have received and reviewed all additional information requested by, and/or provided to me, from HSP or the IP. • I have enough information to make an informed choice.

_____
Individual provider Name:

_____ _____ _____
Customer Name: Customer Signature: Customer 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 FL
Springfield, IL 62762