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

# PROVIDER BACKGROUND SCREENING
# NON-WAIVABLE CONVICTIONS - CONSENT FORM

Date:_____

Dear Customer:
You were previously notified of prospective individual provider (IP)_____ having non-waivable crimes. These crimes were reviewed by Healthcare and Family Services (HFS) Office of the Inspector General (OIG).

OIG advised that they will not prevent the enrollment of this provider. You have a **choice to hire or not hire this provider**.
If you choose to hire this provider with crimes as listed below you must complete this consent form and return within 20 business days from the date of this form.

The crime(s) reported for the provider are:

| | |
|---|---|
| ☐ **I CONSENT**<br>• I elect **TO** hire an IP.<br>• IP **can be paid** by HSP after approval notification to the Customer. | • I have reviewed the information provided to me regarding the enrollment.<br>• I have received and reviewed the Non-Waivable Convictions notification letter that lists the crime(s).<br>• I have received and reviewed the completed IL488-2540, the Dispute form.<br>• I have received and reviewed all additional information requested by, and/or provided to me, from HSP or the IP.<br>• I have enough information to make an informed choice. |
| ☐ **I DO NOT CONSENT**<br>• **I elect NOT to hire this IP** and will find another IP.<br>• **IP will not be able to be paid** by HSP.<br>• No Response will be considered "I Do Not Consent." | • I have reviewed the information provided to me regarding the enrollment.<br>• I have received and reviewed the Non-Waivable Convictions notification letter that lists the crime(s).<br>• I have received and reviewed the completed IL488-2540, the Dispute form.<br>• I have received and reviewed all additional information requested by, and/or provided to me, from HSP or the IP.<br>• I have enough information to make an informed choice. |

Individual Provider Name

Customer Name

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 Floor**
**Springfield IL 62762**