

## National Service Criminal History Check Component Assessment

This form must be saved as grant record in each individual's file for which the assessment is conducted.

Yes	No	Assessment Questions - General
		1. What is the name of the individual in this covered position? <a href="#">Click here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	2. Does this covered position have recurring access to vulnerable populations?
		3. When did the covered position start work/service in the program? <a href="#">Click here to enter a date.</a>
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the state of service different than the state of residence at the point of application?

### COMPONENT 1 - National Sex Offender Public Website (NSOPW) Check

N/A	Yes	No	Assessment Questions - NSOPW
	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the NSOPW check conducted?
			2. What is the documented date on the screenshot or printout of the NSOPW result? <a href="#">Click here to enter a date.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Was this check result dated prior to the first day the individual accrued hours?
			4. If this check was not required until 1/1/13 for this covered position, when was it conducted? <a href="#">Click here to enter a date.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was a second NSOPW conducted or was the first one supplemented with state sex offender searches for any state registries not reporting on the initial check? <i>Enter N/A if all states were reporting on the result.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. For a result with hits on a candidate's name, were all hits resolved before clearing the individual? <i>Enter N/A if the result was 'no record found'.</i>

If you answered No to any of the above, you must perform corrective action and ensure the NSOPW check is performed on time and the results are nationwide.

### COMPONENT 2 - State of Service and State of Residence Checks

- ☐ Required
- ☐ N/A because of no access to vulnerable population and opted to do FBI check instead.
- ☐ N/A because of ASP approval
- ☐ N/A because of Exemption approval
- ☐ N/A because it was not required on individual's start date on the grant.
- ☐ Individual self-certified for no murder conviction as required by 1/1/13. [Click here to enter a date.](#)

On what date was the state of service check initiated? [Click here to enter a date.](#)

On what date was the state of service results received? [Click here to enter a date.](#)

On what date was the state of residence check initiated? [Click here to enter a date.](#)

On what date was the state of residence results received?

[Click here to enter a date.](#)

N/A	Yes	No	
<b>Assessment Question - State of Service</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the state of service check conducted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was this check initiated no later than the first day the individual accrued hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If accompaniment was required, was accompaniment documented?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was accompaniment documented with dates, times, accompanier?
<b>Assessment Question - State of Residence</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. If a state of residence check was not the same as the state of service, was the state of residence check conducted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was this check initiated no later than the first day the individual accrued hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If accompaniment required, was accompaniment documented?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was accompaniment documented with dates, times, accompanier?

If you answered No to any of the above, you must perform corrective action and ensure the State check is performed for the state of service and the state of residence at the point of application through the designated CNCS state sources.

### **COMPONENT 3 - Federal Bureau of Investigation (FBI) Check**

- ☐ Required
- ☐ N/A because of no access to vulnerable population and opted to do state checks instead.
- ☐ N/A because of ASP approval
- ☐ N/A because of Exemption approval
- ☐ N/A because it was not required on individual's start date on the grant.
- ☐ Individual self-certified for no murder conviction as required by 1/1/13. [Click here to enter a date.](#)

N/A	Yes	No	Assessment Questions - FBI
			1. On what date was the FBI check initiated? <a href="#">Click here to enter a date.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was this check initiated no later than the first day the individual accrued hours? (Y/N)
			3. On what date were results received? <a href="#">Click here to enter a date.</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If accompaniment required, was accompaniment documented? (Y/N)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was accompaniment documented with dates, times, accompanier?

If you answered No to any of the above, you must perform corrective action and ensure the FBI check is initiated on time and conducted for all those that have recurring access to vulnerable populations.