|  |  |
| --- | --- |
| Agency Name: |       |

**CCS STAFF LISTING – Chapter DHS 36**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**(Last, First, MI) | **Position Description** | **Credentials/****License Number** | **Functions and Qualifications** | **FTE %** | **Caregiver Misconduct****Background Checks – Dates Conducted** |
|  |  |  | Functions1 – MH Professional2 – Administrator3 – Serv Director4 – Serv Facilitator5 – Services Array | Minimum Qualifications Per DHS 36.10 (c)1-81-141-21Any | **E** = Employed (full or part time)**C** = Contracted | **BID**(Mon/Yr) | **DOJ**(Mon/Yr) | **DHS****IBIS**(Mon/Yr) | **Review within last 4 yrs/** |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**(Last, First, MI) | **Position Description** | **Credentials/****License Number** | **Functions and Qualifications** | **FTE %** | **Caregiver Misconduct****Background Checks – Dates Conducted** |
|  |  |  | Functions1 – MH Professional2 – Administrator3 – Serv Director4 – Serv Facilitator5 – Services Array | Minimum Qualifications Per DHS 36.10 (c)1-81-141-21Any | **E** = Employed (full or part time)**C** = Contracted | **BID**(Mon/Yr) | **DOJ**(Mon/Yr) | **DHS****IBIS**(Mon/Yr) | **Review within last 4 yrs/** |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |
|       |       |       |       |       |       | [ ] E[ ] C |       |       |       | [ ] Y[ ] N |