

Missouri VECHS Program
VECHS - Volunteer & Employee Criminal History Service
Application for Qualified Entities

SHP-980F 01/2023

Missouri State Highway Patrol (MSHP)
Criminal Justice Information Services (CJIS) Division
Phone: (573) 526-6153 MOVECHS@mshp.dps.mo.gov

The National Child Protection Act of 1993, as amended, and Section 43.539 Revised Statutes of Missouri (RSMo) allows for the creation of the VECHS program. Through this program, the MSHP and the Federal Bureau of Investigation (FBI) provide state and national criminal history record information on applicants, employees, and volunteers to qualified entities in Missouri. With access to criminal history, qualified entities can more effectively screen current or prospective applicants prior to having contact with children, the elderly, or the disabled. The term "applicant" is defined in section 43.539 RSMo.

For VECHS Program participation, an entity (public, private, profit or non-profit) must **exclusively** provide "care" or "care placement services" to children, the elderly, or the disabled.

ENTITY INFORMATION

Entity Name: _____

Charter Number (License or Tax ID): _____

Complete Mailing Address:

Physical Operating Address: _____

Do you have a corporate office/affiliation located outside of Missouri? YES NO

If yes, what is the name and address: _____

Will the corporate office require access to the criminal history? YES NO

CONTACT INFORMATION

Contact Person Name/Title: _____

Phone Number: _____ FAX: _____

E-mail Address: _____

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Entity Head Name/Title: _____

E-mail Address: _____

SUMMARY OF SERVICES

Legal Type of Entity (please check approximate box):

Governmental (Public)

Private, Non-Profit

Private, For-Profit

Please check all that apply to the service(s) that your entity **exclusively** provides to children, the elderly, or the disabled. A "child" is any person, regardless of physical or mental condition, under eighteen years of age (210.110 RSMo); an "elderly person" is a person who is sixty years of age or older; a "disability" means a physical or mental impairment that substantially limits one or more major life activities.

Vulnerable Population Served	Care or Treatment	Education, Training, or Instruction	Supervision	Recreation	Care Placement
Children	_____	_____	_____	_____	_____
Elderly	_____	_____	_____	_____	_____
Disabled	_____	_____	_____	_____	_____

Please describe briefly the services your entity will provide and how those services will **exclusively** and directly impact children, the elderly, or the disabled (continue on a separate page, if necessary):

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Are you a private school? Yes No

Are you a child placing agency? Yes No

*Are you a staffing company/agency? Yes No

**If you provide staffing or other services not consistent with the criteria of the National Child Protection Act, as amended, please visit the Missouri Automated Criminal History System (MACHS), at www.machs.mo.gov for information on how to obtain a Missouri open records check.*

Please provide a brief list of positions/persons that you would request a state and national criminal history record check on through the Missouri VECHS program. Please include title/classification and job duties (e.g., teacher, HR director, child care provider, technology staff, executive, food service staff, etc.):

Do you plan to request state and national criminal history record checks through the Missouri VECHS program on applicants, employees, volunteers, contractors, or vendors **outside of the state of Missouri**?

YES NO

Are you currently **required by law**, to obtain state and national criminal history record checks on any of your current or prospective employees, volunteers, contractors or vendors?

YES NO

1. If yes, please provide the state or federal law:

2. If yes, what state or federal agency monitors your entity and requires a criminal history record check? **Please check all that apply or provide information if not listed:**

Missouri Department of Social Services, Children's Division

Missouri Department of Social Services

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____ Missouri Department of Health and Senior Services
____ Missouri Department of Elementary and Secondary Education (DESE)
____ If Others, please explain and provide name(s) of entity: _____

Please be advised that contractors and vendors not directly employed or volunteering with the entity are not eligible to be screened through the VECHS Program. Please provide your initials as acknowledgment. _____

It is your responsibility to determine if your entity is otherwise statutorily required to complete criminal history record checks on applicants, current or prospective employees, volunteers, contractors or vendors. **Please verify your statutory requirements for criminal history record checks prior to submitting your application.** If you have questions regarding eligibility, please contact the Missouri VECHS Program, at (573) 526-6153 ext. 5098 or at MOVECHS@mshp.dps.mo.gov.

The application process is the first step for eligibility in the Missouri VECHS Program. If a qualified entity is deemed eligible, additional forms, user agreement, and training are required prior to finalizing the approval process.

Qualified entities may elect to receive criminal history results electronically through the Missouri Automated Criminal History System (MACHS). All qualified entities must have a designated Local Agency Security Officer (LASO) who will serve as the primary point of contact for training and audit purposes. Qualified entities will have the ability to participate in the state and national Rap Back programs and electronic retention of criminal history in MACHS. For applicant fingerprint submission, qualified entities will be assigned a unique 4-digit MACHS registration code. Instructions and training will be provided upon approval.

Please submit the **completed and signed** application to MSHP, CJIS Division, using the information below. Applications may be submitted by regular mail, E-mail, or Fax.

Missouri State Highway Patrol
Missouri VECHS Program
PO Box 9500
Jefferson City, MO 65109-9500

Email: MOVECHS@mshp.dps.mo.gov
FAX: (978) 244-8842

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By my signature below, I certify the information provided on this application is true and correct to the best of my knowledge. I also understand that any false statements or deliberate omissions may result in denial of request.

Signature of Entity Head: _____ Date: _____

MSHP Use Only

Application Status:

Reviewed by (initials) _____

____ Approved ____ Pending ____ Denial Date: _____

For approvals:

Qualified Entity ORI and OCA: _____

MACHS 4 Digit Registration Number: _____