National Service Criminal History Check - Alternate Search Procedure (ASP) Request Form

Legal Applicant Name (PRIME):	
Name of Program (s):	
Grant Number (s) Impacted:	
Contact Individual:	

Please check each box to affirm that you are conducting the following steps:

☐ Verify identity with government photo identification
- ☐ Document that you verified the individual's identity with a government-issued photo ID

☐ Obtain and document written authorization prior to initiating checks

☐ Document that the individual understands selection is subject to Check results

☐ Complete NSOPW check before service/work begins

☐ Determine how and from where (sources) the checks (States/FBI) must be obtained

☐ Initiate appropriate State/FBI checks no later than the start of work/service
- ☐ Document initiation of checks

☐ Pay for the checks

☐ Perform accompaniment while checks are pending
- ☐ Document accompaniment while checks are pending and the individual has access to vulnerable populations.
- ☐ Document when you received results for checks

☐ Maintain the results of the checks
- ☐ Document that you conducted the checks
- ☐ Maintain the results of the Check components: NSOPW, State(s), FBI
- ☐ Document that you considered the results of the checks.

☐ Provide opportunity for review of findings

☐ Keep information confidential

THIS SECTION IS FOR ALTERNATE SEARCH PROCEDURES (ASP) REQUESTS ONLY:

Nature of Request: (check all that apply)

Why are you applying for an ASP?

☐ **To maintain alternative results of the Check**

☐ **To use a substantially equivalent process**

☐ **To use the Departmental Orders process for the FBI check**

☐ **Other _____**

Please identify the part(s) of the Check for which you are requesting an ASP:

☐ **State of Residence Check** ☐ **State of Service/Employment Check** ☐ **FBI Check**

What to Include in Your Request:

1. Completed National Service Criminal History Check – Alternative Search Procedure Request Form (above)
2. Letter of Request (which should include);
   a. **Background of your project/program**
   b. **Background of the alternative being requested**
      i. How does the **alternative procedure differ from the requirements**? Describe the alternative process/system you plan to use to conduct a criminal history check.
      ii. **Why** the requirements cannot be met? **Explain why** you are requesting approval to use an alternative criminal history search procedure and **describe the specific element(s)** of the requirements that you would **vary** from.
3. Attachments (if applicable)
   a. **Letters of Denial from State Repository**
   b. **Legal opinion on State law** prohibiting the program from complying with the requirements
   c. Other documentation as necessary.

Submission Instructions

Send your ASP request to ASPRequests@cns.gov and copy your Program and Grants Officers. Subgrantees submit your request to your sponsoring prime grantee. If you have questions regarding these instructions or the requirements, contact your Program Officer.