

DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division

**REQUEST FOR EXEMPTION  
(FROM CRIMINAL HISTORY RECORD AND BACKGROUND CHECK STANDARDS)**

DHS 1200  
INSTRUCTIONS

PURPOSE

Individuals seeking an exemption from the following requirements shall use this form:

- Section III. A., B., or C. of the Med-QUEST Division's Criminal History Record and Background Check Standards.

UTILIZATION

This form shall be used by individuals working for or seeking employment with organizations that have contracts with the Department for the provision of direct services (or serve in direct contact) to a Medicaid beneficiary.

COMPLETION OF THE FORM

- Complete a separate DHS 1200 form for **EACH** exemption being requested. For example, if exemptions from a Criminal Conviction Record Check and a Protective Services Central Registry Check are being requested, two (2) separate DHS 1200s shall be completed and submitted.
- Section I, Individual Seeking Exemption: Personal information on the individual requesting the exemption is required, including:
  - Name and signature
  - Social security number
  - Date of birth
  - Home and mailing addresses
  - Home and business telephone numbers
- Section II, Reasons for Exemption: Completion of this section is self-explanatory, requiring responses to the questions listed.
- The completed form is to be returned to:
  - Fieldprint, Inc.
  - 12000 Commerce Parkway
  - Suite 100
  - Mount Laurel, NJ 08054

FORM DISTRIBUTION

An original, completed form shall be returned to the DHS designee, at the above address. Individuals completing/submitting the form should retain copies for themselves.

FORM SUPPLY: DHS 1200 shall be photocopied as needed.