

# Fax Cover Sheet

## Alternatives Counseling & Education

5337-F South Campbell, Springfield, MO. 65810  
PH:(417)883-7227 Fax:(417)883-7212

To: Beth Date: 8-31-15

Agency or entity: OSCA

Fax #: 573-522-6152 Pages (including cover): 5

From: DENNIS WELLS

Subject: Drug test Collector Info

Comments: Copies of Background info  
for Sue Rogers

### Confidential

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Alternatives

*Alternatives*  
*Counseling & Education*

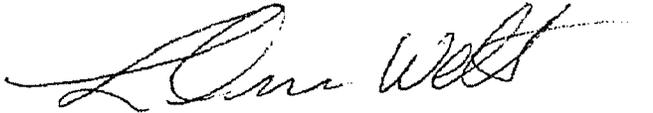
5337-F South Campbell, Springfield, MO. 65810 PH:(417)883-7227 Fax:(417)883-7212

August 31, 2015

OSCA  
Attention: Beth

Please find the copies of the background information for the additional Drug test Collector we are adding.

Respectfully,



L. Dennis Wells  
CERTIFIED ADVANCED SUBSTANCE ABUSE COUNSELOR (CASC) #1248  
LICENSED PROFESSIONAL COUNSELOR  
I CERTIFY THAT I MEET THE DOT TRAINING REQUIREMENT

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 14-042

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of my contract with the Office of State Courts Administrator and the court.

I understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Sue Carol Rogers      Sue Rogers.      8-19-15  
Collector Printed name      Signature      Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

[Signature]      AC      38<sup>th</sup>      8-25-15  
Drug Court Judge/Coordinator      Circuit      Date



## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling  
Director



Jeremiah W. (Jay) Nixon  
Governor

08/24/2015

FAMILY CARE SAFETY REGISTRY  
Background Screening Results - Inquirer  
Registrant: ROGERS, SUE  
Registrant Number: 14609260

ALTERNATIVES INC  
ATTN: LEONARD WELLS  
5337-F S CAMPBELL  
SPRINGFIELD, MO 65810

The Family Care Safety Registry (FCSR) received your request for a background screening on 08/24/2015. The background screening, confirmation #116993760131, conducted on 08/24/2015, indicated the following:

**No finding reported in the background screening.**

The results above were confirmed by searching the following state databases that contain Missouri data only, using the above registrant's name, date of birth and Social Security number:

- Criminal history records maintained by the MO State Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/neglect records maintained by the MO Department of Social Services
- Foster parent licensure records maintained by the MO Department of Social Services
- Child care licensure records maintained by the MO Department of Health and Senior Services
- Employee Disqualification List maintained by the MO Department of Health and Senior Services
- Employee Disqualification Registry maintained by the MO Department of Mental Health

A copy of this background screening has been provided to the individual registrant. If finding(s) were indicated, you may obtain specific information about these results by contacting the FCSR toll free at 866-422-6872, or by submitting your request in writing to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO, 65102. The request must be signed and must include your name, address, telephone number, the reason for requesting the information, the registrant's full name and Social Security number, and the confirmation number from the first paragraph above.

The FCSR provides background screening information for employment purposes only. Any person who uses the information obtained from the registry for any purpose other than that specifically provided for in sections 210.900 to 210.936 is guilty of a class B misdemeanor, RSMo §210.921.3. The FCSR bases criminal history identification on the name, Social Security number and date of birth provided by the inquirer, not by the use of fingerprints. Please be advised that you must contact your licensing representative or other agency contact to determine whether this background screening meets state agency requirements for licensure, certification or registration. If you have questions or need assistance, you may contact the FCSR's toll free call center at 866-422-6872, or visit our Internet site at <http://health.mo.gov/safety/fcsr/>.

[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis



## No Match Notification

A statewide search of the identifiers below has revealed no criminal conviction or sex offender information on file. Fingerprints were not provided and thus the result of the search cannot be guaranteed.

Date of Search: 08/19/2015

Name (1): SUE ROGERS

Name (2): SUE WINCHEL

Name (3):

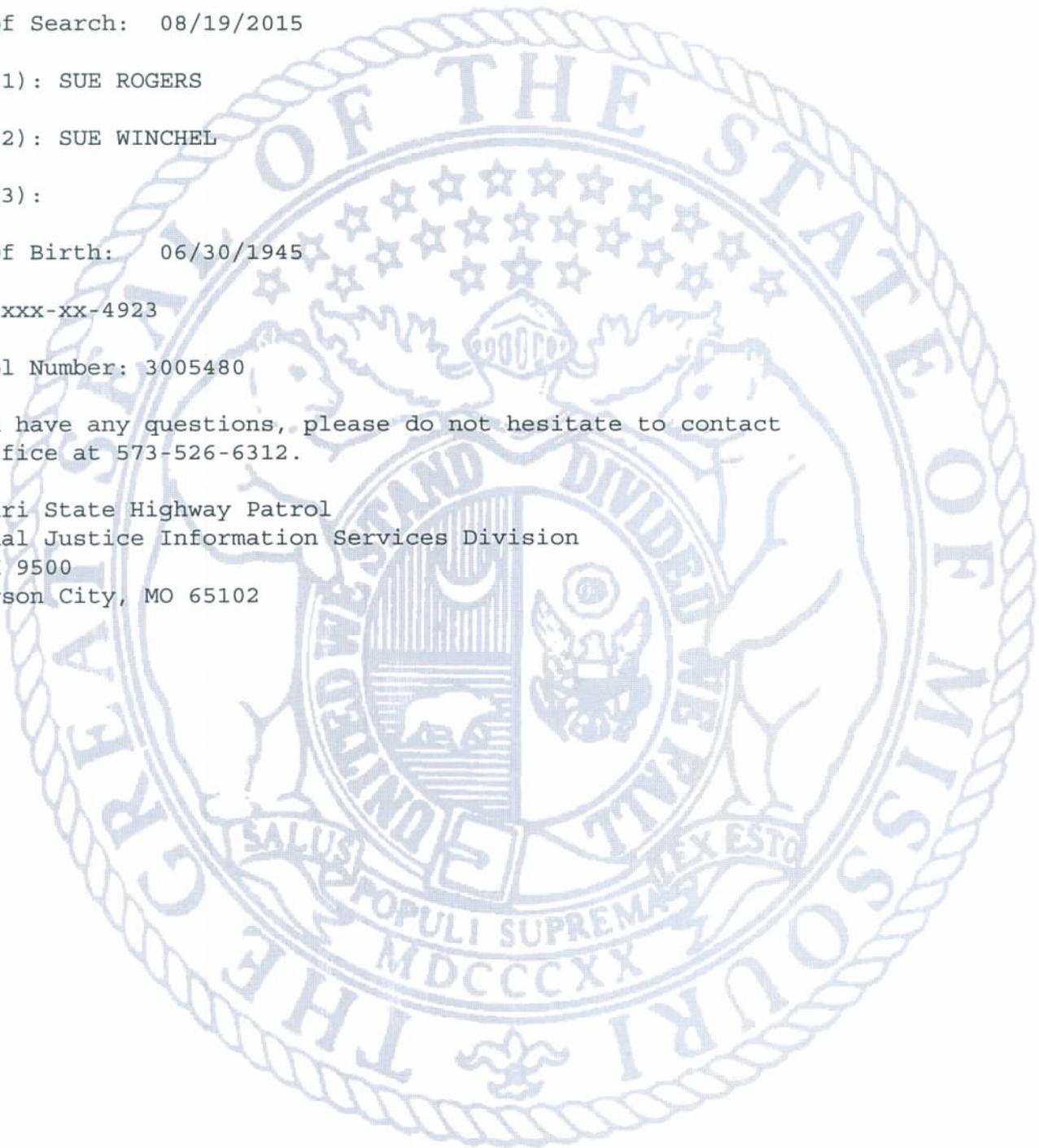
Date Of Birth: 06/30/1945

SSN: xxx-xx-4923

Control Number: 3005480

If you have any questions, please do not hesitate to contact our office at 573-526-6312.

Missouri State Highway Patrol  
Criminal Justice Information Services Division  
PO BOX 9500  
Jefferson City, MO 65102



APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM FIRST NAME Sue MIDDLE NAME Carol

Rogers Sue Carol

SIGNATURE OF PERSON FINGERPRINTED

Sue Rogers

ALIASES AKA

Sue Wencil

O  
R  
I

DATE OF BIRTH DOB

Month 06 Day 30 Year 1945

RESIDENCE OF PERSON FINGERPRINTED

2539 W. High Spfld, mo

CITIZENSHIP CTZ USA

SEX F RACE W HGT 5 WGT 220 EYES H31 HAIR Wht PLACE OF BIRTH POB Spfld, mo

DATE OF OFFICIAL TAKING FINGERPRINTS

3-19-15 Faith Walker

YOUR NO OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

Alternatives  
5337-F S. Campbell  
Springfield mo. 65810

FBI NO FBI

CLASS \_\_\_\_\_

REASON FINGERPRINTED

Drug testing for the  
Drug Court Program

SOCIAL SECURITY NO SOC  
492 48 492-3

REF \_\_\_\_\_

MISCELLANEOUS NO MNU





**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2956 VOICE 1-800-735-2466  
Gail Vasterling  
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08/24/2015

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Background Screening Results - Inquirer  
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Registrant Number: 14609260

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5337-F S CAMPBELL  
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[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

APPLICANT

LEAD STATE

POSTAL DATA

PROVINCE/STATE/POSTAL DIVISION/COUNTRY

DATE

DATE PRINTED

Sue Rogers

Sue Rogers  
Sue Merrill

Sue

Carol

2539 W. High Apt 4, 7070

USA

Q W S 220 Kg 1 WHI SPT, 7070

06 30 1975

8-19-15 Faith Dalton

Alternatives

5337-F S Campbell  
Springfield MO. 65810

Drug testing for the  
Drug Court Program

492 48 492-3

Alternatives



4178837212

p.5



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