



THE INDEPENDENCE CENTER – ARIZONA
VETERAN DIRECTED CARE
BACKGROUND CHECK DISCLOSURE

As part of Veteran Directed Care Program, ResilientSD is required to conduct applicable background checks before workers are eligible to begin working for a Veteran. Successfully passing these background checks is a condition of employment with the Veteran.

INSTRUCTIONS: Please fill out all the information in Section 1 and Section 2. The Direct Care Worker must sign and date to be considered complete.. Please submit completed form to ResilientSD:

Mail
10425 W. North Ave
Suite 345
Milwaukee, WI 53226

Email
Enrollment@Resilient-SD.com

SECTION 1: VETERAN INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

SECTION 2: DIRECT CARE WORKER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____ Work #: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

For any questions or concerns, please contact our office at: **855.275.3948**.

AUTHORIZATION

By signing below, I certify that the information provided above is accurate. I authorize ResilientSD to conduct a background check now and to automatically conduct future background checks – without notice – based on contractual requirements for as long as I serve as a paid worker for the Veteran. Furthermore, I understand that the results of the background checks will be shared with the Veteran Directed Care Program Operations Manager and the Veteran/Authorized Representative.

Direct Care Worker Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if the Direct Care Worker is under the age of 18)