



THE INDEPENDENCE CENTER – ARIZONA  
VETERAN DIRECTED CARE  
BACKGROUND CHECK DISCLOSURE

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

**INSTRUCTIONS:** Please fill out all the information in Section 1 and Section 2. The 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](mailto:Enrollment@Resilient-SD.com)

## SECTION 1: VETERAN INFORMATION

Veteran Name: \_\_\_\_\_

## SECTION 2: WORKER INFORMATION

Vendor Contact Name: \_\_\_\_\_

Maiden Name or Alias (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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