ResilientSD
Part of the AssuranceSD Family

THE INDEPENDENCE CENTER – CNMI 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

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**.