



THE INDEPENDENCE CENTER – NEW MEXICO  
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**.