ResilientSD
Part of the AssuranceSD Family

APPALACHIAN CENTER FOR INDEPENDENT LIVING BACKROUND 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

Veteran Full Name: _____

SECTION 2: WORKER INFORMATION

Vendor Worker Name: _____

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

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

Email Address: _____

Date of Birth: _____ Social Security Number: _____

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: **833.855.3941**.