Home and Community Based Service Providers
Criminal Background Check Verification List

Service Provider: _____

Contact Person: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Last Name	First Name	Date Approved		
		Month	Day	Year

Signature/Certification

By signing below, the Service Provider hereby certifies and represents that the individuals listed herein have successfully passed a criminal background check and that the information provided is current, accurate, and complete. The Service Provider further certifies that it will notify PrimeWest Health of any changes to said information on a regular basis.

Agency Name: _____

Authorized Signature: _____ **Date:** _____

Title: _____

Submit