



Self Determination Program
BACKGROUND CHECK CONSENT

Instructions: Supply the information below necessary to obtain a background check as required by Michigan Medicaid regulation prior to hire. Read and sign the Release at the bottom of the form. Upon completion submit to Consumer Direct by fax at 877-420-8495 or email attachment to InfoCDMI@consumerdirectcare.com.

Participant You are Applying to Work for
Name:
Applicant Information Required for Background Check
Name: First Middle Last
Street Address:
City: State: Zip Code:
Gender: Male Female Date of Birth: Social Security#:
Race: American Indian or Alaska Native Black Unknown
Asian or Pacific Islander White
Driver's License or State ID - State: Number:
Previous names used (Include maiden name and any other names which you have been known by):
How long have you resided in this state? If less than 5 years, list previous locations:
City: State: Zip:
City: State: Zip:

Authorization to Obtain and Consent to Release Criminal Background Check Information: I understand the information requested above is for the purpose of obtaining a criminal background check to comply with Medicaid regulations under Michigan's Self Determination Program or Choice Waiver Long Term Care Program as administered by (Authorizing Entity) and will not be used to discriminate against me in violation of any law. I hereby give permission to the Authorizing Entity and/or Consumer Direct to conduct a criminal background check using the information provided. I further give permission for Authorizing Entity and/or Consumer Direct to release the results of my Criminal Background Check to my potential employer, and guardians or family members of the Participant receiving my services.

I understand that the results from my criminal background check may result in my ineligibility to work for my potential employer because of Medicaid regulations. I further understand that false statements or omission of facts can be grounds for not hiring me, or firing me after I begin work.

Signature of Applicant: Date:

