



Background check information worksheet  
 DSPD/SAS Fiscal Agents

<b>1. Applicant information, authorization and release</b>							
This section must be completed by the applicant. Missing information or unreadable applications will be returned.							
Legal first name:		Given middle name. Indicate if middle name is an initial only: <b>Use N/A if no middle name.</b>			Current legal last name:		
List <b>all</b> maiden, alias & previous married names:					Phone # cell or home (circle one):		
Date of birth ____ / ____ / ____ MM DD YYYY		Social security number: _____ (Enter you full social security number)			Email address:		
Mailing address:			City:		State:	ZIP code:	
<b>2. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive months in a U.S. state besides Utah?</b>							
<input type="checkbox"/> Yes	If yes, list each state separately. Additional documentation may be required. Do not list states in which you spent time for religious, educational, or military service as long as the primary state of residence is maintained.						
<input type="checkbox"/> No							
State	County	From month/year		To month/year			
<b>3. Submit a copy of your social security card and current driver license, state identification card, passport, or military ID for verification of identity and complete the fields below. Applicants who wish to do a virtual meeting in lieu of mailing sensitive information may request one.</b>							
Circle valid identification type (Driving privilege cards are not acceptable forms of I.D.)		<u>State/country issued</u>		<u>ID Number</u>		<u>Expiration date (mm/dd/yyyy)</u>	<u>Gender</u>
		<u>Eye color</u>	<u>Hair color</u>	<u>Height</u>	<u>Weight</u>	<u>Race (please circle)</u>	<u>Place of birth</u>
Drivers license	State ID					Asian/Pacific Islander	
Passport	Military					Black Native American	
						White Hispanic	
<b>4. Authorization must be given to the Utah Department of Health and Human Services Office of Background Processing to complete the background check. This will come in an email from <a href="mailto:noreply@innovativearchitects.com">noreply@innovativearchitects.com</a>. You have 5 days from the time this application is submitted to complete the electronic disclosure form:</b>							
<input type="checkbox"/> I acknowledge I must complete the electronic disclosure form via email from <a href="mailto:noreply@innovativearchitects.com">noreply@innovativearchitects.com</a> to proceed with the background check.							
<input type="checkbox"/> I do not have the ability to complete the electronic disclosure form via email which may cause the background check to close.							
<b>5. Fingerprints (check one box):</b> <input type="checkbox"/> For those who are in Utah: I request the fiscal agent to send the Livescan Authorization Form and will do Livescan fingerprints.				<input type="checkbox"/> For those who are not in Utah: I am submitting 2 copies of rolled fingerprints with this application.			
<b>6. Fiscal agent program name:</b>							
<b>8.</b>							
Applicant signature: _____						Date: _____	