INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the Independence Center – Colorado – Veteran Directed Care program, to conduct a background check before authorized representatives are eligible to begin serving as an authorized representative/employer for a Veteran. PremierFMS will be running a background check. Successfully passing the background check is a condition of representing the Veteran.

SECTION 1: VETERAN'S INFORMATION

First Name	Middle Initial	Last Name
		Claflin

Mailing Address	City	State	Zip

Home Phone	Mobile Phone	Work Phone

Email Address

_____ / _____ / _____ Date of Birth

_____ - _____ - _____ Social Security Number

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SECTION 2: AUTHORIZED REPRESENTATIVE'S INFORMATION

(If applicable)

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Email Address _____

Date of Birth _____ / _____ / _____ Social Security Number _____ - _____ - _____

AUTHORIZATION

By signing below, I certify that the information provided above is accurate. I authorize PremierFMS to conduct a background check. Furthermore, I understand that the results of the background checks will be shared with the Colorado State Veteran Directed Care Operations Manager and Veteran/ Authorized Representative.

Authorized Representative Signature _____ Date _____

For any questions or concerns, please contact our office at 855.287.6638. Please submit the completed form to PremierFMS via one of the following options:

Mail	Email	Fax
10425 W North Ave Suite 345 Milwaukee, WI 53226	ICVIC@Premier-FMS.com	855.325.4668