

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:	
Mailing Address:	City:	State:	Zip:
Home #:	_ Mobile #:	Work #:	
Email Address:			
Date of Birth: //	So	cial Security Number:	
SECTION 2: AUTHORIZE	D REPRESENTATIV	E'S INFORMATION (I	f applicable)
First Name:	Middle Initial:	Last Name:	
Mailing Address:	City:	State:	Zip:
Home #:	_ Mobile #:	Work #:	
Email Address:			
Date of Birth://	So	cial Security Number:	
AUTHORIZATION			
By signing below, I certify that th conduct a background check. Fu be shared with the Colorado Sta Representative.	ırthermore, I understand tl	nat the results of the backg	round checks will
Authorized Representative Signa	iture:	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:			

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