

Shared Living Background Check Statement

Date: _____

Name of Contractor: _____ **Date of Contract:** _____

Name of Member living in the Home: _____

Complete the following to include date checks were completed on everyone 18 years or older.

Name of all Individuals Living in the Home and Individuals who Provide Transportation.	Lives in the Home	Provides Transportation to the Member	Date Of Birth	Date of Adult Protective Check	Date of Initial Criminal Background Check	Date of Criminal Background Check following Initial Check

All information listed above will be updated on an annual basis. Any changes in household members or legal status of household members and/or those providing transportation prior to the annual date will be immediately reported to the Administering Agency.