



Independent Choices Program (ICP)
Background Check Request Information Cover Page

Please make sure that all information is legible. All fields are required.

Individual is applying for the following ICP role: ICP Provider ICP Representative

Name: (First Middle Last) _____

Gender: Female Male Not specified

Address: _____ Apt # _____
City: _____ State: _____ Zip code: _____

Mailing address if different as above

Address: _____ Apt # _____
City: _____ State: _____ Zip code: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

(Email address is required. If you are unable to obtain an email account, we will contact you.)

Date of birth: ____/____/____

Social Security Number: _____

Driver license or ID: State: _____ Number: _____

All information will be kept confidential and used to initiate the background check process for the Background Check Unit. You will receive an email with a link and application number to complete the background check. You have 21 days after receiving the email to complete the background check otherwise you will need to contact our office to initiate a new background check request.