

# Background Screening Appointment Form for Direct Service Providers

**Applicant:** Please bring this form with you to your background screening appointment and give it to the person who conducts the screening and ask the person to complete the form and give it back to you. Please return this form to the Agency Contact listed below as soon as possible after screening is complete!

**Screener :** This Department of Elder Affairs (DOEA) Origination Code (ORI) number FL924310Z is specific to Direct Service Provider Agency/Employer, including Area Agencies on Aging/Aging (and Disability) Resource Centers, Lead Agencies, Service Providers, and Diversion Providers that contract directly or indirectly with DOEA. Agencies must use this form to request background screening for employees, volunteers (not SHINE and Ombudsman), and caregivers and employees (if applicable) in the HCE program. If you need to confirm the ORI, please call (850) 414-2368. Please write the Transaction Control Number (TCN) below. **Give this form back to the person you screened along with any printed evidence of the screening.**

Date of screening: \_\_\_\_\_ TCN#: \_\_\_\_\_ Screener's name: \_\_\_\_\_

Background Screening Service Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

<b>APPLICANT</b>	(Please Print) Last Name: _____ Legal First Name: _____
	Middle Name: _____ Date of Birth: _____
	Previous Last Names (ie: maiden name): _____
	Address: _____ Phone: _____
	City/State/Zip: _____ Email Address: _____
	Last four digits of your Social Security number and your initials. This will become your unique screening ID #: _____
	Job Title: _____
Please check all that apply: HCE Caregiver <input type="checkbox"/> Current Employee <input type="checkbox"/> New Hire <input type="checkbox"/> Volunteer <input type="checkbox"/>	

**Agency/Employer Requesting Screening:**

Scan and email to [doeanetwork@elderaffairs.org](mailto:doeanetwork@elderaffairs.org) or fax to (850) 414-2006. Please include the TCN# and applicant's name in the subject line. If you do not have access to a scanner or a fax machine, please mail to:  
**Florida Department of Elder Affairs, Background Screening Unit**  
**4040 Esplanade Way, Suite 315**  
**Tallahassee, Florida 32399-7000**

Updated 3/10/2011

**Agency/Employer Requesting Screening:**

Agency Contact:

Agency Name:

Agency Address:

Agency Phone Number and Email:

Federal Tax ID #: