



Participant Name	Employer Name	Employee Name

## Background Check Consent Form

The KS WORK UnitedHealthcare program, through Public Partnerships LLC, is required to conduct or obtain background checks to determine if you are eligible to provide services for payment as an employee of the program participant or their representative. These background checks are known as “consumer reports”. In some cases, Public Partnerships obtains background checks from a Consumer Reporting Agency (CRA).

By signing below, you are giving the KS WORK UnitedHealthcare program, through Public Partnerships LLC, and/or the CRA your consent to conduct, obtain, and share the results of the following consumer reports or the reports themselves on an ongoing basis as a condition of providing services to the program participant and receiving payment with public funds as an employee of the participant or their representative:

1. HireRight, LLC
2. The Kansas Bureau of Investigation (KBI) Offender Registry (“KBI Check”)
3. The Kansas Department of Social and Rehabilitation Services Adult Abuse, Neglect, Exploitation Central Registry
4. The Kansas Department of Social and Rehabilitation Services Kansas Child Abuse and Neglect Central Registry
5. Kansas Nurse Aid Registry
6. KDADS Health Occupations Credentialing
7. Motor Vehicle Screen
8. Office of Inspector General (OIG)

Provider Name	Provider Signature	Date
---------------	--------------------	------

**Send completed and signed form to KS WORK UnitedHealthcare program, through PPL via fax, email, or mail**

<b>Fax*</b> 1-855-344-5443	<b>Email*</b> pplks-unitedhealthcare@pcgus.com	<b>Mail</b> KS WORK UHC Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
<b>*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS</b>		