



Participant Name	Employer Name	Employee Name

Background Check Consent Form

The New Jersey Division of Developmental Disabilities (DDD) 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 NJ DDD 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. Office of Inspector General (OIG)
3. The Central Registry of Offenders Against Individuals with Developmental Disabilities
4. Identigo by MorphoTrust USA

Provider Name _____ Provider Signature _____ Date _____

Send completed and signed form to the NJ DDD program, through PPL via fax, email, or mail

Fax* 1-844-561-5978	Email* njddd@pcgus.com	Mail NJ DDD Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS		