



Participant Name	Employer Name	Employee Name

KS WORK UnitedHealthcare Criminal Background Check Application

The KS WORK UnitedHealthcare program requires a criminal background check on all employees. By signing this form, the Personal Assistant (PA)/employee gives PPL consent to conduct the background checks listed below, and to share the results with the Employer, UnitedHealthcare, and to others as permitted by UnitedHealthcare.

KS WORK UHC program, through PPL will perform the following background checks.

1. The Kansas Bureau of Investigation (KBI) Offender Registry (“KBI Check”)
2. The Kansas Department of Social and Rehabilitation Services Adult Abuse, Neglect, Exploitation Central Registry
3. A County Criminal Record Search and U.S. Criminal Records Indicator Search using HireRight Background Screening
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 ***PA's Driver's License Number** _____

UnitedHealthcare and the participant/employer reserve the right to disqualify a person from employment based on the results of this request and based on any information they become aware of in relation to Medicaid fraud or financial abuse.

As a prospective PA/employee, I authorize KS WORK UnitedHealthcare program, through PPL, to submit my information and facilitate the background, checks listed above, on me. I am providing the information to support the performance of these checks. I certify that the information is correct to the best of my knowledge. I authorize the KS WORK UnitedHealthcare program, through PPL, to share the results of these checks with the participant/employer for whom I perform services, with UnitedHealthcare, and as authorized by UnitedHealthcare.

Participant/Employer Signature:	Participant ID #:	Date:
PA/Employee Signature:	PA/Employee ID #:	Date:

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

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