Participant Name	Employer Name	Employee Name

Background Check Consent Form

The TennCare Employment and Community First (ECF) CHOICES 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 TennCare Employment and Community First (ECF) CHOICES 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. National Sex Offender Registry
4. Tennessee Health Abuse Registry
5. Tennessee Sex Offender Registry

Provider Name	Provider Signature	Date

Send completed and signed form to TennCare Employment and Community First (ECF) CHOICES program, through PPL via fax, email, or mail

Fax*	**Email***	**Mail**
1-844-634-7304	choices.tnecfdocuments@pcgus.com	TennCare ECF CHOICES Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
***FOR FASTEST PROCESSING, EMAIL OR FAX FORMS**		