UPCAP Services, Inc.

P.O. Box 606, Escanaba, MI 49829 PHONE: (906) 786-4701 / FAX: (906) 786-5853



CRIMINAL BACKGROUND CHECK

The person identified below has applied for enrollment into UPCAP Services, Inc. Direct Service Purchasing (DSP) Pool for the MI Choice Medicaid Waiver Program as a Private Contractor. The MI Choice Program serves a elderly and disabled population in their homes. Standard procedure before enrollment into the DSP Pool requires a criminal background check for all applicants. A self addressed prepaid envelope is enclosed.

RELEASE OF INFORMATION

I understand that the Aging & Adult Services Agency (AASA) and the Michigan Department of Health and Human Services (MDHHS) is requiring that a criminal background check be completed for all contracted individuals. I hereby authorize UPCAP to obtain this required criminal background check. I understand that this information will be kept confidential.

Date:	Applicant Signature:		
Applicant Last Name:	Fir	st	Middle Initial
Other Last Name(s) Used:			
Date of Birth:	Race	Sex	
Current Address:			
Previous Address within last 5 years:			
A copy of my Driver's License (or other picture ID Card) is attached			