

# Preferred Home Care Services

## Background Study Form

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male Female Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

US Citizen: YES NO Place of Birth: \_\_\_\_\_

Have you lived outside of MN in the past 5 years? YES NO If "Yes", What City, State, & Year Span?

MN Drivers License/State ID #: \_\_\_\_\_ Expire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Home Work

Address (Street): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Other First Names You Have Used: \_\_\_\_\_

Other Last Names You Have Used: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

I hereby authorize PHCS, to perform a background study on me, to gather information regarding any criminal offence I have committed. I understand that if anything comes back that is not acceptable: I will not be hired as a PCA or QP through PHCS. I understand that I cannot be paid for PCA services until PHCS has notified me that my background study has been approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

----- Do Not Write Below Line - Office Use Only -----

Submit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Determination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Request ID: \_\_\_\_\_ Payment Confirmation: \_\_\_\_\_

Application #: \_\_\_\_\_ Provider #: \_\_\_\_\_

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_