

## **KS WORK United – Change of Information Form: Background Check Authorization Form**

The KS WORK United program allows Participants/Employers to request that Public Partnerships, LLC (PPL) conduct criminal background checks on Employees. Employers must indicated on this form if they are waiving or requesting the option of completing a criminal background check

If the Employer requests that PPL conduct background checks via this form, the PA/Employee gives PPL consent to conduct background checks at the request of the Participant/Employer, and to share the results with the Employer, United, and others as authorized by United.

Upon request by the Employer, 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 (“Kansas Abuse Registry Check”); and
3. A County Criminal Record Search and US Criminal Records Indicator Search Using Kroll Background Screening (“Kroll Check”).

*PA/Employee Information:*

\_\_\_\_\_  
**Last Name (Print)                      First Name (Print)                      Middle Name (Print)**

\_\_\_\_\_  
**Maiden Name or Alias (If Applicable)                      Date of Birth**

**Social Security Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Sex: F or M**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

I, as the Participant/Employer choose to (please check one):

\_\_\_\_\_ Waive the option of conducting the above listed background checks for this PA/Employee.

\_\_\_\_\_ Conduct the above listed background checks on my PA/Employee. **By choosing this option I understand that \$30.00 will be taken out of my WORK allocation to cover the cost of the Kroll check for this PA/Employee.**

As a prospective PA/Employee, I authorize PPL to submit my information to the KBI Offender Registry, Kansas Abuse Registry, and Kroll to complete the background checks listed above on me. I am providing the below information to support the performance of these checks. I certify that the information below is correct to the best of my knowledge. I authorize PPL to share the results of these checks with the Participant/Employer for which I perform services and as authorized by United.

**Required Signatures:**

<b>Participant/Employer Signature:</b> _____ (Please Sign)	Date: _____
<b>PA/Employee Signature:</b> _____ (Please Sign)	Date: _____

Please Fax (1-855-344-5443) or mail completed and signed form to Public Partnerships, LLC - KS WORK United, 1 Cabot Road, Suite 102, Medford, MA 02155