**Shared Living Background Check Statement**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Member living in the Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Complete the following to include date checks were completed on everyone 18 years or older.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of all Individuals Living in the Home and Individuals who Provide Transportation.** | **Lives in the Home** | **Provides Transportation to the Member**  | **Date Of Birth** | **Date of Adult Protective Check** | **Date of Initial Criminal Background Check** | **Date of Criminal Background Check following Initial Check** |
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***All information listed above will be updated on an annual basis. Any changes in household members or legal status of household members and/or those providing transportation prior to the annual date will be immediately reported to the Administering Agency.***