

DSP OnBOARD

DSP APPLICANT REGISTRATION FORM - AGENCY/ICF PROVIDER

As a service to assist Private Providers in Lake County, the Lake County Board of DD/Deepwood will provide background checks at a reduced rate for Agency/ICF Provider staff that will be providing services in Lake County upon request of the Agency/ICF.

Agency/ICF Providers-

Please submit this completed form. It is your responsibility to schedule a background check appointment for your DSP applicant or direct the DSP Applicant to contact LCBDD Provider Support.

Payment is due prior to but no later than on the date of scheduled background check.

Payment must come from the Agency NOT the applicant.

COST: BCII = \$11.00 FBI = \$12.75

Name of Provider: Click or tap here to enter text.

DODD Contract Number: Click or tap here to enter text.

Contact Person: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Name of DSP Applicant	Type of Ba Check Re	-	Date of Appointment	Amount
Click or tap here to enter text.	☐ BCII	☐ FBI	Click or tap to enter a date.	Choose an item.
Click or tap here to enter text.	☐ BCII	☐ FBI	Click or tap to enter a date.	Choose an item.
Click or tap here to enter text.	☐ BCII	☐ FBI	Click or tap to enter a date.	Choose an item.
Click or tap here to enter text.	☐ BCII	☐ FBI	Click or tap to enter a date.	Choose an item.
Click or tap here to enter text.	☐ BCII	☐ FBI	Click or tap to enter a date.	Choose an item.
			TOTAL AMOUNT DUE	



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background check(s) requested is accurate and th	at the DSP applicant will be working with Lake County
residents eligible for services with the LCBDD, in a	setting located in Lake County.
Signature:	Date:

By signing this request, you acknowledge that all information regarding applicants and type of