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| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-02565 (10/2019) |  | **STATE OF WISCONSIN** |
| **COMMUNITY RECOVERY SERVICES (CRS)****STAFF BACKGROUND CHECK CONFIRMATION** |
| County Agency Name | Date Reviewed |
|       |       |
| Provider Name | Phone Number |
|       |       |
| License Number | License is Current |
|       | [ ]  Yes [ ]  No |
| Street Address | City | State | Zip Code |
|       |       | WI |       |
| The Following Provider’s Staff Members Files Were Reviewed For: |
| [ ]  Current Background Checks Done within the Past 4 Years[ ]  Training Logs on File |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
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| 12. |       |
| 13. |       |
| 14. |       |
| Reviewer’s Additional Comments |
|       |
| **SIGNATURE** – Reviewer (County Staff) | Date Signed | Print Name |
|  |  |       |