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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-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. |  | | | | | | |
| 5. |  | | | | | | |
| 6. |  | | | | | | |
| 7. |  | | | | | | |
| 8. |  | | | | | | |
| 9. |  | | | | | | |
| 10. |  | | | | | | |
| 11. |  | | | | | | |
| 12. |  | | | | | | |
| 13. |  | | | | | | |
| 14. |  | | | | | | |
| Reviewer’s Additional Comments | | | | | | | |
|  | | | | | | | |
| **SIGNATURE** – Reviewer (County Staff) | | | | Date Signed | Print Name | | |
|  | | | |  |  | | |