

### **Background Check Information**

Please complete applicable fields on this form if you would like to start the process to become a Personal Care Attendant (PCA). PCA's provide in-home support to individuals requiring help with their activities of daily living (ADLS). For additional information on the PCA process please review the Behavioral Health Personal Care Attendant (PCA) Enrollment Application Process.

**Name:**

**SSN:**

**DOB:**

**Email address:**

**Gender:**       Male       Female       Unknown       Unspecified

**Driver's License:**

**Aliases:**

**Physical address:**

**Mailing address if different from physical address:**

**Home/cell phone:**

**During last 5 years, have you lived outside Oregon for more than 60 days in a row or more? If yes complete the following information for the time lived out of state.**

Start date	End date	City	State	Country	Name used