

Department of Behavioral Health and Developmental Services (DBHDS)

STATEMENT OF AUTHORIZATION OF PAYMENT TO DBHDS

As a service to Licensed Providers, DBHDS will arrange for a Criminal Records Investigation for each person who accepts compensated employment in a direct consumer care position and/or serving as a sponsored residential program. The only services that shall be provided are conducting Virginia State Police and FBI fingerprint criminal records investigations, as outlined in the "Procedures for Conducting Background Investigations," published by DBHDS. The charge for these services is \$50 per request which is paid when sending in the requests.

If requesting a fingerprint criminal records investigation from DBHDS, please sign below as the authorized representative for disbursing funds for your organization. The "Statement of Authorization of Payment to DBHDS" will be kept on file.

By signing this form the Licensed Provider identified on this application agrees to purchase the above identified services from DBHDS at the fee of \$50 per request.

Signature: _____ **Date:** _____
Authorized Representative

Licensed Provider Name: _____

Provider Number: _____