

CDC+ REPRESENTATIVE BACKGROUND SCREENING REIMBURSEMENT COVER SHEET

(Only to be used for Representative Background Screening Reimbursement)

Telephone: 866-761-7043

Email: apd.cdc.backgroundscreenings@apdcares.org

CDC+ Representative Name: _____ **Date:** _____

All CDC+ Representatives must undergo the background screening process. All CDC+ Representatives for active Consumers enrolled in the CDC+ Program between August 1, 2025, and December 31, 2025, can receive a one-time reimbursement for the cost of their initial background screening up to a maximum of \$125.00. Once completed and paid for, the CDC+ Representative can be reimbursed for the cost of the initial screening by providing the items listed below with this cover sheet. The screening can only be submitted and reimbursed once. The CDC+ Representative must cover the cost for all subsequent screenings.

If you have a current CDC+ eligible background screening, you are not required to be rescreened until the rescreening due date. Please submit the current screening results with this cover sheet to the email inbox listed above. Prior screenings cannot be reimbursed and are to be resubmitted to APD for compliance tracking purposes.

Please include the following documents/information with this cover sheet

- ✓ Background Screening Results
- ✓ Paid Receipt from Background Screening Vendor
- ✓ Information Outlining Each Consumer(s) You Serve

Consumer Names and IDs for each person you serve must be listed below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Reimbursement is payable to: Representative ☐ Consumer ☐

Number of pages included: _____