



## **Service Provider Criminal Background Check Agreement Statement**

As outlined in the Memorandum of Understanding on page 3, item 10:

“PROVIDER has a policy/process in place to ensure that all staff having direct contact with youth has completed, at a minimum, criminal background checks, and if required by law, a Child Abuse Registry Index check. All changes in direct contact staff and the criminal background /Child Abuse Registry Index should be monitored by PROVIDER.”

Signing below verifies that all direct care staff have successfully completed Criminal Background Checks as stated above and are in accordance with this required stipulation.

Partner: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Covered Entity: Coordinated Family Care

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## **Wraparound Training Attendance Acknowledgment Form**

All providers working directly with Coordinated Family Care youth and families must attend an annual mandatory Wraparound Training.

Wraparound Trainings are offered once a year by Coordinated Family Care. All providers will receive notification of annual training held by Coordinated Family Care. Trainings are also offered by other Care Management Organizations and the NJ Department of Children and Families – Children’s System of Care.

Please Note: Providers will not receive notification of trainings offered through other agencies.

Signing below verifies that provider will comply and attend an annual Wraparound Training.

Partner: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Covered Entity: Coordinated Family Care

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_