

Independent Choices Program (ICP)

Provider / Representative

All forms must be correctly and completely filled out, returned to the local APD office in person before you can be paid for working. A letter will be sent to you when your application has been processed.

- ICP providers may begin working while their background check is being processed.
- ICP Representatives may not begin their role as a Representative until their background check is approved.

Below is a checklist to assist you in completing the required forms:

Background Check Request Information Sheet

*If you have lived out of the State of Oregon for 60 days or more in the last five years, have crimes/arrests outside of Oregon, or have out-of-state ID, then you may be asked to submit fingerprints at a later date. We cannot use fingerprint results from other programs.

Provide current identification – Showing the type of ID, number, and expiration date.

***You must bring your original ID into the office for verification.**

ICP consumer-employer's name: _____

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Independent Choices Program (ICP) Background Check Information Request

* Please make sure all information is easy to read. All fields must be completed. All information will be kept confidential and used to initiate the background check process for the Background Check Unit. You will receive an email with a link and an application number to complete the background check. You have 7 days after receiving the email to complete the background check authorization. The application will close after 7 days.

*Please indicate which you are applying for: ICP Provider ICP Representative

ICP consumer-employer's name: _____

Case Manager's name: _____

Applicant's name (First middle last): _____

Applicant's alias name used (if any): _____

Gender: Female Male Unknown/Not specified

Applicant's address: _____

City: _____ State: _____ Zip: _____

Mailing address if different than above

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

(Email address is required. If you are unable to obtain an email account, we will contact you).

Applicant's date of birth: ____/____/____

Applicant's Social Security Number: _____

Do you allow the State to enter your Social Security number into ORCHARDS which is the State's system of record keeping?

Yes No

Driver license OR ID card: (**REQUIRED** please circle one – see list above)

State: _____ Number: _____ Expiration: ____/____/____