

## Background Screening Appointment Form for the CDC+ Program within DOEA

**APPLICANT:** Please bring this form with you to your background screening appointment and give it to the person who conducts the screening. Please complete the following section of the form and ask the person conducting the screening to complete the section at the bottom of the form and to give it back to you. Please print.

Applicant is:  Employee  Representative  Vendor Employee - Vendor Name \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle or Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please print the last four digits of your Social Security number and your initials. This will become your unique screening ID#: \_\_\_\_\_

Consumer ID# (if any) \_\_\_\_\_ Consultant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consultant Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SCREENER:** The CDC+ Origination Code (ORI) number is **FL924290Z (Elders)**. Please charge an **\$8 FDLE State fee** and a **\$19.25 Federal Electronic fee for a total of \$27.25 to the FDLE and FBI**. This ORI is specific to the **Consumer-Directed Care Plus Program (CDC+)** within the **Department of Elder Affairs (DOEA)**. There are other CDC+ ORI numbers and other DOEA ORI numbers; please ensure that the correct ORI number **(FL924290Z (Elders))** is used.

Please write the Transaction Control Number (TCN) and complete the following. **Give this form back to the person you screened along with any printed evidence of the screening.**

Date of Screening: \_\_\_\_\_ TCN#: \_\_\_\_\_ Screener's Name: \_\_\_\_\_

Background Screening Service Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Notice: DOEA CDC+ \$8 FDLE state screening fee is set by s. 943.053, F.S. The screener is responsible for overcharging state and federal fees.**

Please send to CDC+ via one of the following methods:

1. E-MAIL: [cdcplusscreen@elderaffairs.org](mailto:cdcplusscreen@elderaffairs.org)

2. FAX: **850-414-2310**

3. MAIL: Florida Department of Elder Affairs  
CDC+ Background Screening  
4040 Esplanade Way, Suite 350  
Tallahassee, FL 32399-7000