Requirement	Form / Document Name	Status (Verified / Not Verified / N/A)	Notes
A. Core Application & Declaration			
Application for Respite Care Provider	IMCOM Form 30		
Declaration for Federal Employment	OF 306		Items 1, 8-13, 16, and 17a must be completed.
Basic Criminal History & Statement of Admission	DD Form 2981		
B. Supporting Personal & Work History Documents			
Resume or Application	Contractor's Format		Must detail experience matching the required qualifications.
Residency History Worksheet	IMCOM Worksheet 29		
Proof of Citizenship / Employment Eligibility	U.S. Government Form I-9		With supporting documents (e.g., Passport, Birth Cert).
C. Verifications & Screenings			
Consent for Release of Treatment Information	DA Form 5018-R		
Background Check Request Checklist	IMCOM Worksheet 30A		
Professional Reference Checks	Contractor's Format		Must have verification from at least two professional references.
D. Qualifications & Mandatory Training			
Proof of Education / License / Certification	N/A		e.g., Copy of Degree, RN/LPN License, CNA Cert.
CPR Certificate	N/A		Must be from a course with a hands-on skills assessment.
AT Level I Training Certificate	N/A		Must be current (dated within the last 12 months).
OPSEC Training Certificate	N/A		Must be current (dated within the last 12 months).
iWATCH Training Certificate	N/A		Must be current (dated within the last 12 months).