

LIBERTY HEALTHCARE CORPORATION AND AFFILIATES (LIBERTY) EVIDENCE OF IDENTITY FORM



Evidence Of Identity (EOI) INSTRUCTIONS: This is to confirm that the Liberty Employed/Subcontracted Staff produced a valid picture identification as evidence of identity when they reported for their first day of assignment: Complete Section I and Section II and e-fax BOTH the form and a copy of the valid picture ID to Abby Yankawitz at 484-434-1539

Section I - The valid picture identification reviewed and copied was

- Valid Driver's License
- Valid Passport
- Other Valid Picture Identification (Name) _____

Signature of Liberty Employee/Subcontractor

Printed Name of Liberty Employee/Subcontractor

Date Liberty Employee/Subcontractor submitted evidence of identity

SECTION II - I have reviewed the Liberty Employee/Subcontractor's evidence of identity (the valid picture ID) and have enclosed a copy of this form and the valid picture ID for Liberty

Signature of Program/Facility Person reviewing the Evidence of Identity

Printed Name of Program/Facility Person reviewing the Evidence of Identity

Job Title of the Person reviewing the Evidence of Identity

Date the Program/Facility Person reviewed the Evidence of Identity