



4105 MASON RIDGE DRIVE, ANNANDALE, VA 22003 | PHONE: (703) 941-4083
HELLO@WINFIELDMOUNT.COM | WWW.WINFIELDMOUNT.COM

Rev. 10/16

Attachment 5

Department of Behavioral Health and Developmental Services

**REQUEST FOR CRIMINAL RECORDS INVESTIGATIONS FOR
EMPLOYEES AFFILIATED WITH DBHDS' LICENSED PROVIDERS**

To be completed by the Provider only.

APPLICANT DATA
(Please print or type)

1. (a) Last Name					2. (b) First Name			3. (c) Middle Name	
4. (d) All other names currently or previously used (Maiden, Former Married, Religious, etc.)									
5. Social Security Number				6. Date of Birth (month, day & year)			7. Gender		8. Race*
9. Height (ft & in)		10. Weight (lbs)		11. Eye Color*		12. Hair Color*		13. Place of Birth (State or Country)	
14. Application Date for Employment					15. Hire Date/Transfer Date				
16. Applicant Status (check one)				<input type="checkbox"/> Owner <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Original Employee					
17. Applicant hired only for compensated employment at				<input type="checkbox"/> Adult Substance Abuse Treatment Facility (ASATF) <input type="checkbox"/> Adult Mental Health Treatment Facility (AMHTF) <input type="checkbox"/> Not Applicable					

*Use Race, Eye and Hair Color codes on Attachment 7 ~ Enter same on fingerprint card

PROVIDER DATA
(Please print or type)

1. Licensed Provider Name and Address									
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WINFIELD MOUNT HEALTH SERVICES, Inc.
 4105 Mason Ridge Dr.
 Annandale, VA 22003

2. Provider Number (3 or 4 digit)	3003
3. Date of Request	4. Contact Person
01/14/2019	Martin Njounkwe
5. Phone Number	6. Email Address
240 486 2347	winfieldmounths@yahoo.com

Original – DBHDS’ BIU WMHS-02

Copy – Licensed Provider

DBH 960E 1129 R100116