Department of Human Services/Office of Inspector General

LIVE SCAN APPLICATION FORM
AUTHORIZED SIGNATURES ARE REQUIRED
APPLICANT MUST PRESENT VALID GOVERNMENT-ISSUED PHOTO ID

To be completed by Electronic Fingerprint Technician			
Date Received:		OIG EFT Office:	
Form of I.D. Presented:		Live Scan Date:	
ORI Number Used:		EFT Signature:	

To be completed by DHS Authorized Official	
Date of Request:	
DFCS Case Number:	
Impact Request Number:	
Child Placement Requesting DFCS Office:	
Authorizing Authority (Print):	
Authorizing Authority **Signature:**	
Authorizing Authority Email Address:	
Purchase Order number:	
County to Charge/Finance Code:	
Point of Contact:	
ONLY ONE (1) REASON CAN BE CHOSEN:	**DFCS:** ☐ **Foster** ☐ **Adopt** ☐ **CPS Investigation** ☐ **5 Year Foster Renewal** ☐ **Child Care-Volunteer** ☐ **Purpose Code X (Approval from CJIS On-Call Team)**
Comments:	

To be completed by Applicant (PLEASE PRINT)			
LAST NAME	**FIRST**	**MIDDLE INTIAL**	
Address 1:			
Address 2:			
City:			
County:			
State:		Zip Code:	
Telephone**:**			
U.S. Citizen: **YES** ☐ **NO** ☐			
If **NO**, country of citizenship:			
Social Security #:			
Date of Birth:			
Place of Birth (STATE or COUNTRY):			
Race:		Sex:	
Height:		Weight:	
Eye Color:		Hair Color:	

☐ **I understand and have been informed that an FBI/NCIC and GBI/GCIC background check will be conducted.**

☐ **I have been provided written notice of the Applicants Privacy Rights and the Privacy Act Statement. Title 28 CFR 16.30 through 16.34.**

Signature _____ **Date** _____

Applicant Signature (Required):	**Applicant Printed Name:**