



**LOUISIANA CHILD CARE CRIMINAL BACKGROUND CHECK
AUTHORIZATION FORM FOR FORMER LOUISIANA RESIDENTS**

In accordance with 42 U.S.C. 9858 et seq and 42 U.S.C. 618 as authorized by the U.S. Dept. of Health & Human Services Child Care and Development Fund Reauthorization Act of 2014, the Louisiana State Police (LSP) will conduct a child care criminal background check for child care purposes for former Louisiana residents.

This form must be completed by every person who is required under their state law to obtain a background check in compliance with 42 U.S.C. 9858 et seq and 42 U.S.C. 618 for child care purposes. All identifying information must be accurate and complete.

<input type="text"/> Last Name, First Name Middle Initial		Social Security Number <input type="text"/>		
<input type="text"/> Maiden and/or Any Former Names, or Aliases (Last/First/Middle Initial)				
CURRENT ADDRESS, TELEPHONE (when applicable): Street/Apt.#: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/> Home Phone: <input type="text"/> Cell Phone <input type="text"/>		Date of Birth (MM/DD/YYYY) <input type="text"/> Place of Birth (City and State) <input type="text"/>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (feet and inches) <input type="text"/>	Weight <input type="text"/> (lbs)	Hair Color <input type="text"/>	EyeColor <input type="text"/>
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown <input type="checkbox"/> White				



LA R.S. 15:588 states in part, an individual, his authorized representative or his attorney may obtain a certified copy of his personal criminal history information record.

The Louisiana Bureau of Criminal Identification and Information is authorized to provide the CCDF Lead Agency Representative or the requesting individual with the results of the fingerprint based background check. Please choose one of the following options indicating to whom the background check will be sent:

Child Care Development Fund (CCDF) Lead Agency Representative

As a former resident of the State of Louisiana, I designate the following agency, business or individual (must match entity information on Page 3 of this form):

Kansas Department of Health and Environment

(CCDF Lead Agency)

Amber Hernandez, Public Service Administrator - Child Care Licensing

(CCDF Lead Agency Representative - Name & Title)

1000 SW Jackson Street, Ste. 200, Topeka, Kansas 66612

(CCDF Lead Agency Mailing Address)

OR

Individual Applicant:

Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the State or FBI identification record.

I certify that all of the above information provided on this form is true and complete to the best of my knowledge. Providing false information or withholding information is subject to penalty under the law.

Pursuant to 15:587 B.1, the cost for a Right to Review is \$26 (money order or cashier check) made payable to the Louisiana State Police.

Send completed and signed two-page authorization form, two unique FBI applicant fingerprint cards (Form FD-258) and payment to:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Box A-6)
Baton Rouge, LA 70806

Printed Name of Applicant

Signature of Applicant

Date Form Completed

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
 P.O. BOX 66614 (MAIL SLIP A-6)
 BATON ROUGE, LA 70896

Must match the entity and address on Page 2 of this form:

Amber Hernandez, Kansas Department of Health & Environment
AGENCY, BUSINESS OR INDIVIDUAL NAME

1000 SW Jackson Street, Ste. 200
MAILING ADDRESS

<u>Topeka</u>	<u>Kansas</u>	<u>66612</u>
CITY	STATE	ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.

_____ NAME OF APPLICANT	_____ DATE OF BIRTH	_____ PLACE OF BIRTH (STATE)	_____ RACE / SEX
_____ WEIGHT	_____ HEIGHT	_____ HAIR COLOR	_____ EYE COLOR
_____ SOCIAL SECURITY NUMBER			

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW