

FINGERPRINT REQUEST FORM

When to submit this form

- 1) Submission of prints electronically, along with the Fingerprint Waiver
- 2) Submission of Ink Prints: must include this form **AND** the signed Fingerprint Waiver
- 3) Mail Address: Office of Background Investigations, Kansas Dept for Children and Families, PO BOX 751043, Topeka, KS 66675

Instructions: *REQUIRED FIELDS Please Fill in ALL Lines on this Form

***Have You ever been fingerprinted for DCF before?** YES NO

*Full Name _____ *Date of Birth _____ *Race _____

*Gender _____ *Height _____ *Weight _____ *Hair Color _____ *Social Security Number _____

*Place of Birth _____ *Eye Color _____ *Phone _____ Email _____

Reason Fingerprinted: Check 1 Box Only!

Child Placement Agency/Residential/Detention Facilities (14+) – **Fill in Requesting Agency in Blank Lines**

Foster Care (403KS0006) Requesting Agency _____ Grant (403KS0006) Requesting Agency _____

Relative Placemen/ICPC (403KS0006) Requesting Agency _____

Provider Affiliate (403KS0006) Requesting Agency _____ Adoption (403KS0006) Requesting Agency _____

Employment

DCF Employment (KS920090Z) Voc Rehab-BEP (403KS0006) Child Support Services (402KS6399)

KDHE (Reason Code 90* KS920100Z) OCA # _____ Kansas Insurance Department (Reason Code 35* KS920161Z)

Date: _____ Fingerprint Location: _____ Fingerprints Taken By: _____