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.

<table>
<thead>
<tr>
<th>Last Name, First Name Middle Initial</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden and/or Any Former Names, or Aliases {Last/First/MiddleInitial}</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT ADDRESS, TELEPHONE (when applicable):</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Place of Birth {City and State}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street/Apt.#:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Height (feet and inches)</th>
<th>Weight (lbs)</th>
<th>Hair Color</th>
<th>EyeColor</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race
1 Asian 1 Black 1 American Indian 1 Unknown 1 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:

X  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):

   DSS – Office of Licensing and Accreditation
   Background Screening Specialist
   910 E Sioux Ave; Pierre SD 57501

OR

I 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 8.1, the cost for a Right to Review is $26 (moneyorder 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
<table>
<thead>
<tr>
<th>AGENCY, BUSINESS OR INDIVIDUAL NAME</th>
<th>910 E Sioux Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS</td>
<td>Pierre</td>
</tr>
<tr>
<td>CITY</td>
<td>57501</td>
</tr>
<tr>
<td>STATE</td>
<td>SD</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

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