



**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				

ATN _____

SID# _____

<p>APPLICANT PROCESSING – DISCLOSURE</p> <p>BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION</p> <p>P.O. BOX 66614 (MAIL SLIP A-6)</p> <p>BATON ROUGE, LA 70896</p>
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Must match the entity and address on Page 2 of this form:

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

<p>NOTICE:</p> <p>PLEASE PRINT OR TYPE INFORMATION, EXCLUDING ADMINISTRATORS OR AUTHORIZED PERSONS SIGNATURE.</p> <p>INCOMPLETE FORMS WILL NOT BE PROCESSED.</p>

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