

## 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 (402KS6400) Requesting Agency \_\_\_\_\_  
 Relative Placemen/ICPC (402KS6400) Requesting Agency \_\_\_\_\_  Provider Affiliate (403KS0006) Requesting Agency \_\_\_\_\_  
 Adoption (402KS6400) Requesting Agency \_\_\_\_\_

### Employment

- DCF Employment (KS920090Z)  Child Support Services (402KS6399)  Voc Rehab-BEP (402KS6400)  
 Kansas Commission for the Deaf and Hard of Hearing (\*Requires Proof of Payment\* 402KS6400)  
 KDHE (Reason Code 90\* KS920100Z) OCA # \_\_\_\_\_  Kansas Insurance Department (Reason Code 35\* KS920161Z)

Date: \_\_\_\_\_ Fingerprint Location: \_\_\_\_\_ Fingerprints Taken By: \_\_\_\_\_