



Fingerprinting Information

THIS AGENCY HAS BEEN APPROVED BY THE KBI TO SUBMIT FINGERPRINTS ELECTRONICALLY. PLEASE SUBMIT COMPLETED FINGERPRINT SUBMISSION VIA LIVESCAN.

Applicant: *Please follow the below instructions to have your fingerprints taken at a Law Enforcement Agency. Failure to follow instructions may result in refusal to have fingerprints taken.*

- If there is a Fee required by the Law Enforcement Agency, bring those funds. (DCF DOES NOT Reimburse)
- Bring Government issued photo ID
- Bring: 2 DCF FORMS: FP-1020 Form / Waiver & Privacy Statement
 - Completed Forms May be emailed to DCF.FPTopeka@ks.gov OR
 - Completed Forms May be Mailed to DCF – Office of Background Investigations, PO Box 751043, Topeka, KS 66675
 - A Signature is required on the Waiver & Privacy Statement
 - Signature can be ink OR
 - Verified Electronic Signature (Adobe Reader Signatures & Cursive Font is not accepted)
- Bring Fingerprinting Information document – This Form
- IF Mailing Back Forms: 9x12 stamped envelope addressed to DCF Address above.
 - Mail Back: FP-1020/Waiver & Privacy Statement to DCF

Fingerprinting agency: *Please verify identity with government issued photo ID. Please fill out the LAST LINE (Date/Fingerprint Location/Fingerprints Taken By) on the FP-1020 Form.*

Required information to complete the electronic submission:

Fingerprint Card Type:

42 Civil – State and Federal Identification Fee

Reason Fingerprinted:

78 - DCF/KDADS-KSA 78-53,105

Processing Fee Code:

2 - Fee Billed to Agency

Originating and Booking Agency ORI or Agency Account Number (AAN):

403KS0006 – Office of Background Investigation

If you have any questions, please call the KBI Identification (Ident) Unit at 785-296-4038.

Kansas Department for Children and Families

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 in 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 (Please Print Legibly) _____

*DOB: _____ *Social Security Number: _____ *Sex: _____

*Race: _____ *Height: _____ *Weight: _____ *Eye Color: _____

*Hair Color: _____ *Place of Birth: _____

*Phone #: _____ *Email: _____

***PLEASE CHECK ONE BOX BELOW AND WRITE IN THE REQUESTING AGENCIES NAME**

Reason Fingerprinted	Applicant Type	Requesting Agency	Reason Fingerprinted	Applicant Type	Requesting Agency
Foster Care Licensing ORI: 403KS0006 <input type="checkbox"/>	Applicants/ Residents age 14+	Child Placing Agency: Please List to the Right	DCF Employment ORI: KS920090Z <input type="checkbox"/>	Employment	Unit: Please List to the Right DCF
Relative Placement/ICPC ORI: 403KS0006 <input type="checkbox"/>	Applicants/Residents age 14+	Child Placing Agency: Please List to the Right	Child Support SVCS ORI: 402KS6399 <input type="checkbox"/>	DCF	Agency DCF
Adoption ORI: 403KS0006 <input type="checkbox"/>	Applicants/Residents age 14+	Child Placing Agency: Please List to the Right	Voc. Rehab – BEP ORI: 403KS0006 <input type="checkbox"/>	Applicants	Agency DCF
Provider Affiliate ORI: 403KS0006 <input type="checkbox"/>	Employment/Volunteer	Facility: Please List to the Right	KDHE (Daycare) ORI: KS920100Z <input type="checkbox"/>	Employment	Agency KDHE

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

WAIVER AGREEMENT AND FBI PRIVACY ACT STATEMENT

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) **Department for Children & Families** to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of Public Law (Pub. L.) 92-544. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, and 2022 Kansas Laws, Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me employment, licensing, certification, or registration.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b); 34 U.S.C. 40136, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d).), and 2022 Kansas Laws, Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for employment, or eligibility for any license, certification, or registration. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, licensed, certified, or registered, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information (CHRI)** to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division
Attn: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

**WAIVER AGREEMENT
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FBI PRIVACY ACT STATEMENT (Cont.)**

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

***AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.***