

## **Criminal Background Check Authorization**

### **Instructions for Completing the Enclosed Criminal Background Check Authorization Form For Family Child Care Providers or In-Home Providers**

**For a Family Child Care Provider and In-Home Provider, a separate Criminal Background Check Authorization is needed for the provider, each adult living at the location where care is provided, any adult employed in or adults employed on the property where care is provided. (This does not include the parents/caregivers if an In-Home provider). Complete two (2) sets for each person, one to submit with your CCAP application and one set to keep until Provider Certification staff notifies you to go to your local Sheriff's office to obtain the fingerprints.**

Example:

Sarah Brown is a Family Child Care Provider. She lives with her husband, Bobby. She also has an employee, Jimmy Smith, who does the yard work. Ms. Brown would need to submit 3 completed forms and keep a set.

**EACH person needing a criminal background check must complete a form. Please print in ink. THE APPLICANT IS THE PERSON WHOSE CRIMINAL RECORD IS BEING CHECKED.**

**APPLICANTS FULL NAME – The applicant will print their last name, first name and middle name in the spaces provided. Include maiden name and previous married names, if applicable.**

**APPLICANTS SIGNATURE – The applicant will sign their name.**

**DATE OF BIRTH – The applicant will print their date of birth.**

**DRIVERS LICENSE # and STATE – The applicant will print their drivers' license number and the state in which they received their drivers' license.**

**RACE and SEX – The applicant will print their race and their sex.**

**POSITION APPLIED FOR – The applicant will complete this section with the**

Example:

APPLICANT'S FULL NAME: Brown Bobby Ray

POSITION OR LICENSE APPLIED FOR: Husband of child care provider

Louisiana Department of Education  
Child Care Assistance Program

**Criminal Background Check Authorization Form**

You will be required to pay all fees associated with the fingerprint based CBC; therefore, you may have to contact your local Sheriff's Office to get the amount of the payment and the acceptable payment methods. Do NOT send money orders or any other form of payment to LDE Provider Certification.

**\*\*FORMS MUST BE FILLED OUT IN INK\*\***

**\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\***

**\*\*\*\*PLEASE PRINT\*\*\*\***

Louisiana Department of Education/Provider Certification  
FACILITY OR AGENCY

Linda S. Williams  
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 2510  
MAILING ADDRESS

Linda S. Williams  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge LA 70821  
CITY STATE ZIP CODE

225-342-0694  
FACILITY OR AGENCY PHONE NUMBER  
[earlychildhood@la.gov](mailto:earlychildhood@la.gov)  
FACILITY E-MAIL ADDRESS

**Request For: (pick one only)**

- |                                                          |                                                                      |
|----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS            |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET         | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH                     |
| <input type="checkbox"/> CASA                            | <input type="checkbox"/> PHARMACY BOARD                              |
| <input type="checkbox"/> CONCEALED HANDGUNS              | <input type="checkbox"/> POSTSECONDARY EDUCATION                     |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE       | <input type="checkbox"/> PRACTICAL NURSING                           |
| <input checked="" type="checkbox"/> DAYCARE              | <input type="checkbox"/> PRIVATE ADOPTION                            |
| <input type="checkbox"/> DENTISTRY BOARD                 | <input type="checkbox"/> PRIVATE INVESTIGATORS                       |
| <input type="checkbox"/> DEPARTMENT OF LABOR             | <input type="checkbox"/> PRIVATE SECURITY                            |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY     | <input type="checkbox"/> PUBLIC HOUSING                              |
| <input type="checkbox"/> EMPLOYERS                       | <input type="checkbox"/> PUBLIC TAG AGENT                            |
| <input type="checkbox"/> FIREFIGHTERS                    | <input type="checkbox"/> REGISTERED NURSING                          |
| <input type="checkbox"/> GAMING                          | <input type="checkbox"/> RELIGIOUS ACTIVISTS                         |
| <input type="checkbox"/> HEALTH CARE PROVIDER            | <input type="checkbox"/> RIVERBOAT PILOTS                            |
| <input type="checkbox"/> JUVENILE DETENTION CENTER       | <input type="checkbox"/> SCHOOL                                      |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE         | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS             |
| <input type="checkbox"/> MANUFACTURED HOUSING            | <input type="checkbox"/> TAXI DRIVERS                                |
| <input type="checkbox"/> MEDICAL EXAMINERS               | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION               |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR                                      |
| <input type="checkbox"/> OCS CARETAKER                   | <input type="checkbox"/> VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE             | <input type="checkbox"/> WORKING WITH CHILDREN                       |
| <input type="checkbox"/> OCS PERSONNEL                   |                                                                      |

APPLICANTS FULL NAME:

\*\*\*\*PRINT - USE INK\*\*\*\*

LAST FIRST MIDDLE

Suffix \_\_\_ Jr. \_\_\_ Sr. \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_ V \_\_\_ VI \_\_\_ Mrs.

(LIST MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

POSITION OR LICENSED  
APPLIED FOR:

APPLICANTS SOCIAL SECURITY #

- -

DATE OF BIRTH: / /

**Criminal Background Check Authorization Form**

|                               |  |
|-------------------------------|--|
| <b>PLACE OF BIRTH (STATE)</b> |  |
|-------------------------------|--|

|                         |              |             |            |
|-------------------------|--------------|-------------|------------|
| <b>DRIVERS LICENSE#</b> | <b>STATE</b> | <b>RACE</b> | <b>SEX</b> |
|-------------------------|--------------|-------------|------------|

|             |                                                                                                                                                                                                                 |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RACE</b> | <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> BLACK<br><input type="checkbox"/> UNKNOWN <input type="checkbox"/> WHITE |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                |
|----------------|----------------|
| <b>HEIGHT:</b> | <b>WEIGHT:</b> |
|----------------|----------------|

|                   |                                                                                                                                                                                                                                                                                                     |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HAIR COLOR</b> | <input type="checkbox"/> BALD <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE or STRAWBERRY <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE<br><input type="checkbox"/> RED or BRUNETTE <input type="checkbox"/> GRAY or PARTIALLY GRAY <input type="checkbox"/> OTHER |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                  |                                                                                                                                                                                                                                                                                                                                |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>EYE COLOR</b> | <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GRAY <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> MAROON <input type="checkbox"/> PINK<br><input type="checkbox"/> MULTI-COLORED <input type="checkbox"/> OTHER |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COMPLEXION</b> | <input type="checkbox"/> ALBINO <input type="checkbox"/> DARK <input type="checkbox"/> FAIR <input type="checkbox"/> FRECKLED <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> OLIVE <input type="checkbox"/> PIMPLED<br><input type="checkbox"/> POCK MARKED <input type="checkbox"/> RUDDY <input type="checkbox"/> SALLOW <input type="checkbox"/> YELLOW |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|              |                                                                                                                                                                 |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BUILD</b> | <input type="checkbox"/> EMACIATED <input type="checkbox"/> HEAVY <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> OBESE |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

**RESIDENCE**

|                            |                          |
|----------------------------|--------------------------|
| <b>STREET NUMBER</b> _____ | <b>STREET NAME</b> _____ |
|----------------------------|--------------------------|

|                         |                                                                                                                                                                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STREET DIRECTION</b> | <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> NORTHEAST <input type="checkbox"/> NORTHWEST<br><input type="checkbox"/> SOUTHEAST <input type="checkbox"/> SOUTHWEST |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                               |                   |                    |                       |
|-------------------------------|-------------------|--------------------|-----------------------|
| <b>APARTMENT NUMBER</b> _____ | <b>CITY</b> _____ | <b>STATE</b> _____ | <b>ZIP CODE</b> _____ |
|-------------------------------|-------------------|--------------------|-----------------------|

**DATE OF APPLICATION** \_\_\_\_\_

**APPLICANTS SIGNATURE:** \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana Sheriff's Association to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.