



**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				



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:

Child Care Development Fund (CCDF) Lead Agency Representative

As a former resident of the State of Louisiana, I designate

(CCDF Lead Agency)

(CCDF Lead Agency Representative - Name & Title)

(CCDF Lead Agency Mailing Address)

OR

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 B.1, the cost for a Right to Review is \$26 (money order 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