



Louisiana Child Care Civil Background Check System (CC-CBCS) Initial Request Form

This form is intended for provider/entity use only as a convenient way to obtain all pertinent information from the applicant. This information must be entered online through the Child Care Civil Background Check System at <https://CCCBCLDOE.la.gov>.

All items marked with * are required for submission to our system

Applicant Information

*Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Suffix</i>
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Maiden Name/
Former name or
Possible aliases/
AKA

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Suffix</i>
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<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Suffix</i>
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*Email Address:

*Social Security Number:

- - _____

*Phone Number:

*Date of Birth

/ / _____

*DL/ID #

*DL/ID Exp Date

*DL/ID Issuance State

*Marital Status (Single,
Divorced, Separated,
Married, Widowed)

***Current Address:**

<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Mailing Address (if different than residential please check here)

Mailing address

(if applicable)

<i>Mailing Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Previous Addresses (from the last 5 years)

Time Period (mo/yr):

From: ___/___	<i>Street Address</i>	<i>Apartment/Unit #</i>
To: ___/___	<i>City</i>	<i>State</i>
		<i>ZIP Code</i>

Address:

Time Period: (mo/yr)	<i>Street Address</i>	<i>Apartment/Unit #</i>
From: ___/___	<i>City</i>	<i>State</i>
To: ___/___		<i>ZIP Code</i>

Address:

Time Period: (mo/yr)	<i>Street Address</i>	<i>Apartment/Unit #</i>
From: ___/___	<i>City</i>	<i>State</i>
To: ___/___		<i>ZIP Code</i>

Demographic Information

<p>*Citizenship</p> <p><input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen <input type="checkbox"/> Non-US National <input type="checkbox"/> _____ (other, please fill in)</p> <p>*Place of Birth</p> <p>_____</p>	<p>*Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>*Height:</p> <p>____'____"</p> <p>*Weight</p> <p>_____ lbs</p>	<p>*Hair Color</p> <p><input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond or Strawberry <input type="checkbox"/> Brown <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> Other <input type="checkbox"/> White</p>	<p>*Eye Color</p> <p><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"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Other</p>
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Any Distinguishing Marks/Tattoos/Scars:

***Race**

<p>Asian includes: Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander</p> <p>Black includes: A person having origins in any of the black racial groups of Africa.</p> <p>Native American includes: American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition</p> <p>White includes: Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, Regardless of race.</p> <p>Unknown: Of indeterminable race</p>	<p><input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unknown</p>
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*This document contains personal information and should be returned, destroyed, shredded, or disposed of in a secure manner to preserve this individual's privacy and prevent its unauthorized use or access *

**** Do Not Mail this form to LDOE ****