Louisiana Child Care Civil Background Check Initial Request Form

This form is intended for provider/entity use 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 in the CCCBC System

**Applicant Information**

*Social Security Number: __________________________  *Date of Birth (MM/dd/YY): __/__/____
*Full Name as it appears on government identification:

__________________________________________________________________________________  Last Name

First    Middle    Suffix

Aliases, nicknames, tribal names, including names from previous marriages:

Last Name, First Name: ____________________________________________________________________________  Last Name,
First Name: ______________________________________________________________________________________

*Applicant’s personal email address: ____________________________________________________________________________

*Phone number: __________________________ Alternative phone number: __________________________

*Physical Address: ____________________________________________________________________________  Mailing Address

Address (if different from physical address): __________________________________________________________________________________

*Place of Birth (city/state): __________________________  *Citizenship: __________________________

*Marital Status (circle one): single, married, widowed, separated, divorced  Maiden Name: __________________________

*Sex: ______  *Height: ______  *Weight: ______  *Photo Identification Type: __________________________

*Identification number: __________________________ Issued by (state): __________________________  *Expires: __/__/____

Hair Color: __________________________  Eye Color: __________________________  Race: __________________________

Any tattoos, scars, or distinguishing marks, if so describe (include finger scarring):

___________________________________________________________________________________________

**Residential History for the past 5 years:**

1) From (MM/YYYY): __________________________ To (MM/YYYY): __________________________

Address: ____________________________________________________________________________  Street

Address  City  State  Zip Code

2) From (MM/YYYY): __________________________ To (MM/YYYY): __________________________

Address: ____________________________________________________________________________  Street

Address  City  State  Zip Code

3) From (MM/YYYY): __________________________ To (MM/YYYY): __________________________

Address: ____________________________________________________________________________  Street

Address  City  State  Zip Code

** Do Not Mail this form to LDOE **

The Department recommends shredding or destroying this document immediately after use.

Revised: December 29,2020