

**DO NOT SEND THIS FORM WITH PACKET TO DBHDS  
For Provider's Use Only**

Department of Behavioral Health and Developmental Services (DBHDS)

**CRIMINAL BACKGROUND INVESTIGATION REQUEST  
CHECKLIST** DBHDS Background Investigations Unit (BIU) issued fingerprint cards used.**❖ Fingerprint card(s) complete. This includes:*****Applicant's Information:***

- Legible Last, First and Middle Name
- Signature of applicant
- Applicant's address
- Descriptive items completed (sex, race, height, weight, eyes & hair)
- Date of Birth
- Place of Birth – State or Country (if not United States)
- Social Security Number

***Employer's Information:***

- Provider name and address
- Provider number – OCA
  
- Fingerprint card(s) are **not folded or stapled**

**❖ Attachments and/or Forms*****Attachments 3 & 5 (if applicable)***

- Originals (*Rev. 10/16*)
- All sections are complete and legible
- Stapled, in order
- Provider copies made.

***Forms #006 & #007 (if applicable)***

- Originals (*Rev. 10/16*)
- All sections are complete and legible
- Stapled, in order
- Provider copies made.

 Fingerprint card(s) are paper clipped to attachments 3 & 5 or forms #006 & #007; whichever is applicable. **Organizational check or money order** is made payable to the **Treasurer of Virginia** and is for the correct amount of **\$48 per applicant** (preferably one check per packet \$48 x # of requests), unless sending in different types of request (i.e. Applicant, Sponsored Residential, etc.). Check date is current or less than 90 days old per DBHDS Fiscal requirements. Check is signed.