

Department of Behavioral Health and Developmental Services

**SPONSORED RESIDENTIAL PROGRAMS AFFILIATED WITH DBHDS' LICENSED PROVIDERS
REQUEST FOR CRIMINAL RECORDS INVESTIGATIONS**

To be completed by the Provider only.

INDIVIDUAL DATA
(Please print or type)

1. (a) Last Name		(b) First Name		(c) Middle Name	
(d) All other names currently or previously used (Maiden, Former Married, Religious, etc.)					
2. Social Security Number		3. Date of Birth (month, day & year)		4. Gender	5. Race*
6. Height (ft & in)	7. Weight (lbs)	8. Eye Color*	9. Hair Color*	10. Place of Birth (State or Country)	
11. Individual Status (check one)		<input type="checkbox"/> Sponsored Residential Applicant		<input type="checkbox"/> Adult Living in Home	
		<input type="checkbox"/> Sponsored Residential Employee		<input type="checkbox"/> Live In Companion	

*Use Race, Eye and Hair Color codes on Attachment 7 ~ Enter same on fingerprint card

PROVIDER DATA
(Please print or type)

1. Licensed Provider Business Name and Address	
2. Licensed Provider Number (3 or 4 digit)	
3. Date of Request	4. Contact Person
5. Phone Number	6. Email Address