DPP-164
06/21
922 KAR 1:490

Kentucky National Background Check Program
Department for Community Based Services

Applicant Live Scan Fingerprinting Form

Your application has been submitted by an agency that participates in the Kentucky National Background Check Program (NBCP). Applicants seeking approval as a foster or adoptive parent, household members, relative or fictive kin caregivers, or respite providers will submit to a fingerprint-based National Background Check.

Please take this form to one of the Fingerprint locations listed below:

NAME	ADDRESS	HOURS	PHONE

PRESENT THIS FORM AND VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION
(DRIVER'S LICENSE, STATE ID, MILITARY ID, ETC.)

The Kentucky National Background Check Program will provide your NBCP Report to the Department for Community Based Services (DCBS). DCBS will review the NBCP report and advise the agency whether you are eligible based on the information from your NBCP Report.

Applicant Information

Creation Date: Expiration Date:
ORI:

Name: Hair Color:

Address: Height:

Date of Birth: Place of Birth:

Race: Gender:

Eye Color:

Upon collecting the applicant's fingerprints, return this form to the applicant for their record.

Date Fingerprint Collected: