

Residential Child Caring Agency Background Check APPLICATION

PLEASE READ CAREFULLY, TYPE OR PRINT LEGIBLY

LEGAL NAME <i>(Person Being Fingerprinted)</i> <i>(Last, First, Middle Initial)</i>	OTHER NAMES USED <i>(maiden, alias, nickname)</i>	SOCIAL SECURITY NUMBER	BIRTH DATE <i>(MM/DD/YYYY)</i>
ADDRESS <i>(Person Being Fingerprinted)</i> <i>(Street, City, State, Zip Code)</i>			

Have you been fingerprinted, checks ran by Nebraska State Patrol, and employment eligibility results disseminated by DHHS Licensure Unit in the last two years for the purpose of being employed in a Residential Child Caring Agency? YES ___ NO ___

If YES, you will not need to submit a fee or complete the fingerprinting process again. Children's Services Licensing will disseminate your current eligibility status results to the Residential Child Caring Agency listed below. I give consent for Children's Services Licensing to disseminate my current employment eligibility status to the prospective employer. : _____ (Signature)

NAME RESIDENTIAL CHILD CARING AGENCY <i>(Where Employed or Seeking Employment)</i>	ADDRESS RESIDENTIAL CHILD CARING AGENCY <i>(Street, City, Zip Code)</i>	RCCA LICENSE # <i>(If Known)</i>

****Applicant- You must submit this form either electronically to:**
DHHS.ChildCareLicensing@nebraska.gov OR mailed to the following address:
DHHS Licensure Unit, Children's Services Licensing
P.O. Box 94986
Lincoln, NE 68509-4986

AND

****Applicant – You must bring this form with you to be fingerprinted****

****Applicant – Fingerprinting at a location OTHER than Nebraska State Patrol WILL increase processing time****

Applicant Fingerprinting Instructions:

1. Please bring your government issued photo identification card.
2. Please give this application to fingerprinting technician.
3. IF you are **NOT** having your fingerprints done at a Nebraska State Patrol Troop area then you **MUST** mail the fingerprint card(s) to the below address. ****This will increase processing time****

Nebraska State Patrol
Criminal Identification Division
3800 NW 12th Street, STE A
Lincoln, NE 68521

Fingerprinting Technician Instructions:

LIVESCAN METHOD

1. Select the 'Nebraska Applicant' workflow on the LiveScan.
2. Select 'CCRF DHHS Child Care Residential Facility 71-1924' from the Reason Fingerprinted category list.
3. **IF NOT a Nebraska State Patrol Troop location**, Print (1) fingerprint card and give fingerprint card to applicant. ****Applicant must mail fingerprint card to Nebraska State Patrol at address above - this will increase processing time****
IF Nebraska State Patrol Troop location, Print (1) fingerprint card to the Nebraska State Patrol-Criminal Identification Division fingerprint card printer.

INK ROLLED METHOD

1. In Reason Fingerprinted field, write or type CCRF Res Fac.
2. Roll (2) fingerprint cards and provide to the Applicant. ****Applicant must mail cards to Nebraska State Patrol to mailing address above. **This will increase processing time****

Signature of Person Being Fingerprinted

By signing I give consent for Children's Services Licensing to disseminate my employment eligibility status to the prospective employer.

Date (MM/DD/YYYY)