

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

NAME BASED BACKGROUND CHECK INSTRUCTIONS

The name based background check is used when an update to a fingerprint background check is needed. You will NOT need fingerprint cards for this application.

- (1) Fill out the attached application (one form per applicant)
- (2) Mail the application(s) with a check or money order for **\$20 per applicant** payable to **DHS**
- (3) Mailing address:

**DHS-CFSD Fingerprint Processing Section
PO Box 268935
Oklahoma City, OK 73126**

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
Request for Background Check

PART A. APPLICANT. Please print clearly. Form must be completed and signed or it will be returned.

Legal last name		First	Middle	Other names used (including maiden)		
Date of birth / /	City and state of birth		Race	Sex	Area Code	Phone number
Social Security Number		Driver's license number			State	
Current Street Address		City		State	Zip	
Marital Status		Spouse's name				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain:						

RELEASE STATEMENT.

I, _____, hereby certify that I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of obtaining a criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature of applicant

Date

PART B. REQUESTING AUTHORITY AND LOCATION. For example: OKDHS worker, case manager, private agency, attorney or licensed individual. Please print clearly. Do not leave any information blank.

Office, county or other location where results are to be sent				Contact person		
Street address	City	State	Zip	Area code	Phone number	Fax
I have explained the purpose of this form and the background check to the above-named applicant.						
_____ Authority signature from requesting office						_____ Date

IMPORTANT – CHECK PURPOSE.

<input type="checkbox"/> Aging Services	<input type="checkbox"/> CW volunteer	<input type="checkbox"/> FOB employee	Other (Explain): _____
<input type="checkbox"/> CW adoption	<input type="checkbox"/> DDSD foster care	<input type="checkbox"/> PEMS employee	
<input type="checkbox"/> CW foster care	<input type="checkbox"/> ICW	<input checked="" type="checkbox"/> Private adoption (w/payment)	
<input type="checkbox"/> CW kinship	<input type="checkbox"/> LDS employee	<input type="checkbox"/> Private foster care	
<input type="checkbox"/> Follow-up to after-hours kinship check <input type="checkbox"/> Emergency, must have results same day as requested			

STATE OFFICE USE ONLY – LEAVE BLANK FOR SEARCH RESULTS

OSBI Fingerprint Search –	OSBI Name Search –
FBI Fingerprint Search –	Debt. Of Public Safety Search –
Dept. of Public Safety Search –	Sex Offender Registry Search -
Sex Offender Registry Search -	