



Fingerprint/NCIC Request

For Foster or Adoptive Applicants or Household Members/Respite Providers

A fingerprint check is requested from persons who are pending licensure, or have been licensed or are household members.

By signing this form and being fingerprinted, you understand that your criminal history will be checked with the Federal Bureau of Investigation (FBI) and you are certifying that the information below is correct.

PLEASE PRINT

Name: _____ AKA: _____

Nickname/Maiden Name: _____

Date of Birth: _____ Social Security #: _____

Race: _____ Sex: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Planned: Code # **FL 921821Z**

Counselor Name: _____ Phone: _____ Foster or adoptive applicant? _____

Household member/Respite provider _____ What Family are they associated with? _____

Requestor Signature: _____

Date Livescan Fingerprint Card Sent to FDLE: _____

Date Results Received from FDLE: _____ FBI: _____

ID Verified? No Additional Record – Placement May be Made/Continued.
 NO (If NO, Date Placement Notified): _____
 Record Under Other ID (i.e.: Maiden Name): _____

cc: Licensing Unit

239/226-1524 | fax 239/226/1115 | 2232 Altamont Ave | Fort Myers, FL 33901



The Children's Network of Southwest Florida is sponsored in part by the State of Florida, Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community in building and maintaining a child protection system that promotes safety and stability for children and families.