



Applicant Information

First name _____ Middle Name ☐ N/A _____ Last name _____

Aliases, including maiden: ☐ N/A (check box if this section does not apply to the applicant)

First name	Middle name	Last name

Nickname(s) _____

_____ ☐ Male ☐ Female _____
Date of birth _____ Height _____ Weight _____

City and state of birth _____ Social Security number _____

Hair color _____ Eye color _____ Driver license (DL) number _____ State DL issued _____

Mailing address _____ City _____ State _____ ZIP code _____

Phone number _____ Fax number _____ Email _____

Previous Five Years Residency

List all states, other than Oklahoma, you have lived in during the past five (5) years.

☐ N/A (check box if this section does not apply to the applicant)

State	Start date	End date

List all countries, other than the United States of America, you have lived in during the past five (5) years.

☐ N/A (check box if this section does not apply to the applicant)

Country	Start date	End date

Have you ever been convicted of a crime?

☐ Yes ☐ No

If yes, explain:

Consent and Signature

- ☐ I understand Oklahoma Human Services (OKDHS) will evaluate the results of the state background checks and/or national fingerprint-based background check as part of a comprehensive review.
- ☐ I understand OKDHS will evaluate child abuse and neglect history for Oklahoma and all other states as required and when available as part of a comprehensive review.
- ☐ I understand registration on the Restricted Registry may occur when there is a confirmed or substantiated finding of abuse or neglect against a child in care.
- ☐ The Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify the OKDHS Office of Background Investigations (OBI) of any future Oklahoma criminal arrests through the Records of Arrest and Prosecution (RAP) Back service.
- ☐ I understand my fingerprints will be used to check the Federal Bureau of Investigation's (FBI's) criminal history records. The FBI will retain my fingerprints and associated information/ biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.
- ☐ I understand I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Section 16.34 of Title 28, United States Code of Federal Regulations. Additional information:
<https://www.fbi.gov/about-us/cjis/background-checks>

- ☐ I have received and reviewed the privacy policy. View the privacy policy online at:
<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

I certify that all personal identifying information provided on this form is true and correct. 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 an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature

Date

Background Check Purpose

This section is completed by the OKDHS representative or requesting authority.

Request Type and Reason

Adoption

- ☐ Indian Child Welfare (ICW) or tribal adoption
- ☐ OKDHS adoption
- ☐ Private domestic adoption
- ☐ Private international adoption

Erica's rule

- ☐ Erica's rule

Foster care

- ☐ Alternate caregiver
- ☒ Contracted resource family partnership (RFP)
- ☐ Developmental Disability Services (DDS) specialized foster care
- ☐ Emergency after hours placement-follow up (Purpose Code X)
- ☐ ICW or tribal foster care
- ☐ OKDHS foster care
- ☐ Therapeutic foster care (TFC)

Guardianship

- ☐ ICW or tribal guardianship
- ☐ OKDHS guardianship
- ☐ Private guardianship

Host homes

- ☐ Host homes

Immediate Protective Action Plan (IPAP) or Safety Plan

- ☐ Immediate Protective Action Plan (IPAP) or Safety Plan

Re-issue

- ☐ Re-issue child welfare fingerprint result within last five years
☐ Re-issue child welfare name based result within last 30 calendar days

Trial reunification

- ☐ Trial Reunification

If requesting a national fingerprint background check, you must be fingerprinted prior to completing this form. If you have not been fingerprinted, a complete national fingerprint-based background check cannot be conducted.

Transaction control number/TCN#

Questions?

Contact the Office of Background Investigations

1-800-347-2276

OBICW@okdhs.org

OKDHS Representative or Requesting Authority

Samantha Stephens		CWS II	
Name	Title		
1200 W. Rock Creek rd		Norman	OK
Mailing address	City	State	ZIP code
(405) 802-7684		samantha.stephens@okdhs.org	
Phone number	Fax number	Email	

Stop! This form **must** be signed by the subject of the background check.

Note: This form and the information contained within including, but not limited to, obtaining accurate information and signatures, are the responsibility of the person submitting this request. Paper copies must be kept on file for a minimum of five (5) years and are subject to audit by OKDHS OBI, OSBI, and the FBI.

Routing

Send completed request by mail to:
OKDHS Office of Background Investigations
PO Box 268935
Oklahoma City, OK 73126

Or scan and send completed request by email to:

OBICW@okdhs.org

Or by fax to:
405-702-5053