OKLAHOMA Human Services

Request for Background Check

Applicant Information

To prevent processing delays, complete ALL fields in this section.

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

Aliases, including maiden name or any other name used prior to a legal name change:

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

Please include first name, middle name, and last name for all aliases listed.

First name	Middle name	Last name

Nickname(s)

Date of birth ☐ Male ☐ Female 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 submitted to or retained by the FBI, and the FBI will notify the Office of Background Investigations (OBI) of any future National criminal arrests through the Records of Arrest and Prosecution (RAP) Back Service.
- [ ] 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. Select the appropriate Request Category section then the Type and Reason for that category.

Request Category: Child Welfare Name Based

- [ ] Child Welfare Name Based
  - [ ] Adoption
    - [ ] Indian Child Welfare (ICW) or tribal adoption
    - [ ] OKDHS adoption
  - [ ] Erica's Rule
    - [ ] Erica's rule
  - [ ] Foster Care
    - [ ] Contracted resource family partnership (RFP) agency
    - [ ] Kinship - non-relative
    - [ ] Kinship - relative
    - [ ] Therapeutic foster care (TFC)
    - [ ] Traditional foster care
  - [ ] Guardianship
    - [ ] ICW or tribal guardianship
    - [ ] OKDHS guardianship

- [ ] Immediate Protective Action Plan (IPAP)
  - [ ] Immediate Protective Action Plan (IPAP)
- [ ] Indian Child Welfare (ICW) or tribal foster care
  - [ ] Indian Child Welfare (ICW) or tribal foster care
- [ ] Re-issue child welfare name based result within last 30 calendar days
  - [ ] Re-issue previous results only
- [ ] Safety Plan Monitor
  - [ ] Safety Plan Monitor
- [ ] OKDHS trial reunification
  - [ ] OKDHS trial Reunification
- [ ] Volunteer
  - [ ] Volunteer

Request Category: Child Welfare Fingerprint Based

- [ ] Child Welfare Fingerprint Based
  - [ ] Adoption
    - [ ] Indian Child Welfare (ICW) or tribal adoption
    - [ ] OKDHS adoption
  - [ ] Foster Care
    - [ ] Contracted resource family partnership (RFP) agency
    - [ ] Developmental Disability Services (DDS) specialized foster care
    - [ ] Emergency after hours placement-follow up (Purpose Code X)
    - [ ] Indian Child Welfare (ICW) or tribal foster care
    - [ ] OKDHS foster care
    - [ ] Therapeutic foster care (TFC)
  - [ ] Guardianship
    - [ ] Indian Child Welfare (ICW) or tribal guardianship
    - [ ] OKDHS guardianship
  - [ ] Host Homes
    - [ ] Host homes
  - [ ] Immediate Protective Action Plan (IPAP) or Safety Plan
    - [ ] Immediate Protective Action Plan (IPAP) or Safety Plan
  - [ ] Re-issue child welfare fingerprint result within last five years
    - [ ] Re-issue previous results only
  - [ ] Trial reunification
    - [ ] Trial Reunification

Request Category: Private Child Welfare

- ☐ Private Child Welfare
  - ☐ Private Adoption
    - ☐ Private adoption - name based
    - ☐ Private domestic adoption - fingerprint based
    - ☐ Private guardianship - name based
    - ☐ Private international adoption - name based

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.

_____
UE ID#

Questions?
Contact the Office of Background Investigations
1-800-347-2276
OBICW@okdhs.org

OKDHS Representative or Requesting Authority

Name	Title		
Mailing address	City	State	ZIP code
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