

Fingerprint Authorization Form

Donty Horton Home Care 10901 Reed Hartman Highway #112, Blue Ash, OH 45242 (513) 463-3442

Hours of Operation: Tuesday, Wednesday & Thursday 9am-3pm

Name: _____ Social Security #: _____

SSN: _____ Birth Date: ____/____/____ Race: _____

Sex: Male - Female - Other Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Phone: _____

CURRENT ADDRESS: _____

ZIP CODE: _____

NATIONAL WEBCHECK WAIVER:

I certify that the personal information provided on this form are accurate and I voluntarily and knowingly authorize Donty Horton Home Care to **submit** information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to release criminal arrest, conviction and juvenile delinquency adjudication records to the company I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

Reason you are being fingerprinted:

- Child Care Public School District OPOTA DoDD Foster Care/Adoption Security
 Home Health Independent Provider Massage Therapy Dental Social Work Nursing
 Medical Imaging Occupational/Physical Therapy Adult Daycare Other: _____

If this request is for licensing purposes and a direct copy needs to be sent, please select from the list below:

- Ohio Board of Nursing Ohio Dept. of Education OPOTA Ohio Dept. of Liquor Control
 Ohio Dept. of Public Safety/PISG Ohio Dept. of Insurance BMV Dealer License Child Care/ODJFS
 OT, AT, PT Board Social Work Other: _____

Mail results to this address -Please fill out completely ****will be sent by BCI OR FBI NOT DHHC****

Name _____

Address _____

City _____ State _____ Zip _____

- BCI Only \$49 FBI Only \$49 BCI & FBI \$70

DHHC Use Only:

____ Debit/Credit Card ____ Money Order ____ Business Check ____ Money Order

\$ _____ Amount

* _____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

* _____ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

Individuals requesting a Challenge and Review of their Ohio criminal history record, should utilize the following procedure.

1. A written request for a challenge & review must be submitted to the Ohio Bureau of Criminal Identification & Investigation, Identification Division. This request must include a brief explanation for the reason the record is being challenged, the individuals name and complete mailing address.
2. The individual must be fingerprinted by a law enforcement or criminal justice agency to provide positive identification. All data fields on the fingerprint card must be completely filled out. To ensure expeditious processing the reason fingerprinted data field should contain "Challenge & Review" (There is no fee charge for this service)
3. The required items listed above should be mailed together to:
Ohio Bureau of Criminal Identification & Investigation

Attn: Challenge & Review
PO Box 365
London, Ohio 43140

Applicant's Name (Please Print)

Witness /Parent/Guardian Name (Please Print)

Applicant's Signature

Date

Witness /Parent/Guardian Name Signature

Date

Fill out only if being fingerprinted for a Federal Background Check

I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter

I was offered a copy of the Privacy Rights letter and:

_____ Declined it.

_____ Took it with me.