



INFORMATION NEEDED FOR FINGERPRINTING

Instructions: Complete each and every field below with your demographic information. Please print clearly. This information is required to register you for a fingerprint background check.

- * Last Name _____
- * First Name _____
- * Middle Name _____
- * Date of birth _____
- * State/Country of birth _____
- * City of birth _____
- * Social security number _____
- * Sex _____
- * Race _____
- * Eye color _____
- * Hair color _____
- * Height (feet/inches) _____
- * Weight _____
- * Country of citizenship _____
- * Address - Street _____
- * Address - City, State, Zip Code _____
- * Phone number _____
- * Email address _____

To be completed by Consumer Direct

CD Representative Name: _____

Participant Name: _____

Health Care Plan: _____

Date of Enrollment Meeting: _____

Relationship to Participant (check one): Direct Service Worker Representative

