Alternative Care / Food Program
Live Scan Fingerprint Processing Form 05/19

UTAH DEPARTMENT OF **HEALTH**
Child Care Licensing

The Child and Adult Care Food Program (CACFP) requires all individuals involved with child care to pass a background check including **fingerprints**.

After you **pay** CCL to process your fingerprints, you must **complete** and present this form and a current, valid government-issued **photo identification** (i.e. driver's license, State ID, military ID, etc.) to a State of Utah approved Live Scan fingerprinting site in order to be fingerprinted. The Live Scan fingerprinting site you select may charge a separate **fee** to capture your prints and may retain this form.

For a list of State authorized Live Scan fingerprinting sites, please visit
https://childcarelicensing.utah.gov/forms/All/Some%20Fingerprinting%20Locations.pdf

Individual's Information

Last Name:			
First Name:		Middle Name:	
Eye Color:		Hair Color:	
Height:		Weight:	
Gender:		Race:	
DOB:		Place of Birth:	
US Citizen:	☐ Yes ☐ No	SSN:	

The above information has been reviewed by me and is true and correct.

Individual's Signature: _____ Date: _____

Address: _____

Email Address: _____ Phone Number:_____

Billing Information

Billing Code **B2161**	Reason Fingerprinting **NCPA/VCA**	Agency **DOH**	WIN/FBI **NFUF**

Fingerprint Vendor Use Only

The fingerprint technician must sign and date before returning this form to the applicant.

OTN/Live Scan Site: _____

Technician Signature: _____ Date: _____

CCL Use Only

CCL Fingerprint fee payment verified by: _____ Date: _____