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|  | Missouri Department of Social ServicesChildren’s DivisionPO Box 88Jefferson City, MO 65103CD.REQUESTFORFINGERPRINTBASEDBACKGROUNDCHECKS@DSS.MO.GOV |
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| **REQUEST FOR FINGERPRINT BASED BACKGROUND CHECK RESULTS** |
| The purpose of this form is to request fingerprint results for an individual who was fingerprinted for the purpose of Foster Care Screening. This form is to be completed **by the individual who was fingerprinted**. **Only the individual who was fingerprinted** may obtain the fingerprint results. The individual who was fingerprinted may obtain the results, with a valid photo ID, at the Children’s Division county office where the requestor resides. |
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| FIRST NAME      | MI  | LAST NAME      |
| SSN      | DOB      |
| TCN      | DATE PRINTED      |
| TELEPHONE NUMBER      | EMAIL ADDRESS (REQUIRED)      |
| STREET ADDRESS      |
| CITY      | STATE      | ZIP      |
| CHILDREN’S DIVISION COUNTY OFFICE WHERE REQUESTOR RESIDES AND RESULTS WILL BE PICKED UP      |
| **The local Children’s Division office provided the requestor with a copy of their fingerprint results, this form is being submitted for tracking purposes ONLY:** **Circle one** YES NO |
| SIGNATURE OF REQUESTOR | DATE      |
| For Office Use Only |
| STAFF SIGNATURE  | DATE REQUEST SENT TO COUNTY       |

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit [https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS](https://urldefense.com/v3/__https%3A/links-1.govdelivery.com/CL0/https%3A%2A2F%2A2Fmvc.dps.mo.gov%2A2FMoVeteransInformation%2A2FSurvey%2A2FDSS/1/01000193218a84d0-8f198a3b-c422-4f00-8742-000348342f9e-000000/fec4DKiy5orO1fZfF_kT5FUoneXJe0utfDBEVH0TDeU%3D379__;JSUlJSU!!EErPFA7f--AJOw!CWnF7jPI_CIrBk9YG0heJ87akjNcW2Ie1zvraoFh8tnzaGcGLAbvBbhVQO6210Frx99RsLGhw_3RyAph9WRtC5juzBRpNwWTdl5viy_Khiky$).