LOUISIANA DEPARTMENT OF HEALTH

By mail:
Send this form and Rap Disclosure form with two fingerprint cards to:
Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

In person:
Bring this form and Rap Disclosure form and submit electronic fingerprints at:
Louisiana State Police Headquarters
7919 Independence Blvd
Baton Rouge, LA 70806

The fee for processing a state background check is $26. The fee for processing a FBI background check is an additional $13.25.
If applicable, acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters
****Forms must be filled out in ink and be reviewed by submitting agency/individual for accuracy****
******Fingerprints are necessary for a positive identification******

******PLEASE PRINT******

Louisiana Department of Health/Health Standard Section
Attn: Dora Kane – CONFIDENTIAL
Agency

Tasheka Dukes, Deputy Assistant Secretary
Authorized Agency Representative (print full name)

P.O. Box 3767
Mailing Address

Tasheka Dukes
Authorized Agency Representative (signature)

Baton Rouge (City) LA (State) 70821-3767 (Zip Code)

(225)342-0138
Authorized Agency Representative Phone Number

HSSFCBC@LA.GOV
Authorized Agency Representative Email Address

REASON REQUESTED (CHECK ONE BOX ONLY)	STATE STATUTE	ORI
□ Medicaid Provider (DHH)	LRS: 15:587 A(1) (i)	LA921082Z
□ Access to Federal Tax Information - Medicaid Eligibility FTI (DHMF)	LRS: 15:587.6 & 36:254.3	LA921089Z
X Group Homes (DHGH)	LRS: 15:587.1.2 & 40:2008.10	**LA921096Z**

********PRINT – USE INK********

Applicant's full name: _____
Last First Middle

Alternative names (maiden, previously used last name and/or aliases)

_____
Last First Middle

_____
Last First Middle

Applicant's signature: _____

Applicant's social security # ___-__-____ Date of Birth: __/__/__

ID or Driver's License #_____State of Issuance_____Race_____Sex_____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.