

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
CHILD AND FAMILY SERVICES AGENCY  
Family Licensing Division



**Biometric Livescan Form**

\* To be completed by all providers, household members 18 years of age and older, frequent visitors (such as paramours), and back-up caregivers

FACES Provider ID#: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Date Scanned: \_\_\_\_\_  
Licensing Social Worker/Requester: \_\_\_\_\_ Livescan Operator: \_\_\_\_\_  
Booking ID#: \_\_\_\_\_ SRY:  Y  N DC Local  IDENT  NONIDENT  
Provider(s) Name: \_\_\_\_\_  
Names that will appear on the license

**Provider Types:**  Adoptive Parent  Foster Parent  Kinship Parent  Temp Licensing Placement  
 Backup Child Care Provider  Court Ordered Visitation  Grandparent Program  Other \_\_\_\_\_

**Do you live in the home with the**  Foster /Adoptive parent?  Kinship Parent?  
 Grandparent Program Provider?

Name of person fingerprinted: \_\_\_\_\_  
(Please Print) Last First Middle Name

Aliases: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Race \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Photo ID Type:  Gov  Military  Drivers  State ID \_\_\_\_ Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

City State Zip Code

Phone Number: \_\_\_\_\_  
Home Work Cell

***Please read and sign below***

I confirm that the above information is true to the best of my knowledge and agree to undergo a criminal background check including but not limited to the DC Metropolitan Police Department (MPD) and the FBI.

Signature: \_\_\_\_\_

Distributed to: \_\_\_\_\_ Date Results Distributed: \_\_\_\_\_