



CHECK/M.O. # _____

Our Best. Nothing Less.



HUMAN SERVICES DEPARTMENT

Community Partnerships Division • Child Care Licensing And Enforcement Section

115 S Andrews Avenue, Room 119 • Ft. Lauderdale, FL • 33301 • (954) 357-4800 • Fax (954) 357-5935

TODAY'S DATE: _____

LIVE SCAN INFORMATION FORM

NAME: _____

MAIDEN/ALIAS (ONLY LEGALLY CHANGED NAMES): _____

SS#: _____ DATE OF BIRTH: _____

PLACE OF BIRTH (CITY AND STATE): _____

COUNTRY OF CITIZENSHIP: _____ PHONE NUMBER: _____

HOME ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

JOB POSITION	VITAL STATISTICS	RACE
<input type="checkbox"/> CC Facility Owner/Director	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Child Care Home Operator	Eye Color: _____	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Child Care Home Resident	Hair Color: _____	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Employee	Height: _____	<input type="checkbox"/> Asian/Oriental
<input type="checkbox"/> Substitute	Weight: _____	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other
<input type="checkbox"/> VPK		

CHILD CARE FACILITY/FAMILY CHILD CARE HOME INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: Florida ZIP CODE: _____

TELEPHONE #: _____ FAX # (IF NEW FACILITY/HOME): _____

CHILD CARE FACILITY / FAMILY CHILD CARE HOME LICENSE NUMBER: _____

DEPARTMENT USE (DO NOT WRITE BELOW THIS LINE)

RECORD RECORD (ND) TRAFFIC ONLY EXEMPTION GRANTED EXEMPTION DENIED