

DIRECT BILL REGISTRATION FORM

 $\underline{REQUESTED~BACKGROUND~CHECK}$ Please $\underline{INITIAL}$ next to which type of background check you are being fingerprinted for:

BCI Only

BCI&FBI

PAYMENT METHOD

DIRECT RILL · KIDS COUNT TOO INC

	DIRECT	DILL. KIDS CO	UNI 100, INC		
Applicant Informa	tion: (Please print clearly; illegil	ble writing will delay del	ivery)		
Name:			SS Number: _		
Address:			Date of Birth:		
City, State, Zip:			Email:		
Daytime Phone Number: ()			How did you hear about us?		
Note: If you have		&/or elderly, it is required	by Ohio law to obtain	NO: a both BCI <i>and</i> FBI. However, the company/agency but have lived in Ohio for the past five (5) years.	
Results mailed to:					
Company/Agency N	Jame: KIDS COUNT TOO	o, Inc.			
Address: 1616 E. Wooster #3		Attn:	Deborah Je	<u>remy</u>	
City, State, Zip: Bo	wling Green, OH, 434	<u>02</u> Email:	djeremy@k	idscounttoo.com	
	T BEST DESCRIBES YOUR ORGAI ION/FOSTER CARE (2151.86)	NIZATION reason for fi	ngerprinting: <u>WQ</u>	1: WORKING WITH CHILDREN	
	given National Background Check, dentification and Investigation (BCI		all criminal history in	LTS Information pertaining to me in the files of the (if requested), and release that information to the	
By placing my fingerprint Background Check, Inc. ar	images on the WEBCHECK Scanne	ndicated above. I hereby r		nistory information about me to National y and all individuals connected therewith from al	
re-fingerprinted. I understa		due to charges incurred b	y BCI&I immediatel	eadable by BCI&I, in which case I may need to by after the data is transmitted. National second time.	
				alt within (10) ten business days or sooner or a being forwarded to the requested destination.	
	Applicant Signature:			_	
	Date:			_	
FOR OFFICE USE ONLY SITE:	Prints Taken By:	Date Processed: _		Results Processed By:	