



**LIVE SCAN APPLICATION FORM**  
**Authorized signatures required**  
**Applicant must present valid government-issued photo ID**

**Instructions:**

- This form is for **DHS INTERNAL USE** only. It should not be used for entities outside DHS.
- This form should be **COMPLETED IN ITS ENTIRETY** and signed by an authorized official/manager.
- **Electronic Fingerprint Technician: DO NOT SCAN** applicant unless form is completed and authorized.

| To be completed by Electronic Fingerprint Technician |  |                    |  |
|--|--|--------------------|--|
| Fingerprint Technician:                              |  | Date live scanned: |  |
| ORI number used:                                     |  | OIG EFT Office:    |  |
| Form of I.D. presented:                              |  | EFT Signature:     |  |
| <b>Notes:</b>  |  |                    |  |

| To be completed by DHS Authorized Official   |  |  |  | To be completed by Applicant   |              |               |  |
|--|--|--|--|--|--------------|---------------|--|
| Date of Request:   |  |  |  | Applicant Name: (please print)   |              |               |  |
| Case Number:   |  |  |  |  |              |               |  |
| Requesting DHS Office:   |  | <b>GEORGIA HOPE INC</b>                    |  | <b>Last</b>  | <b>First</b> | <b>Middle</b> |  |
| If employee, work location/county:   |  |  |  | Address 1:   |              |               |  |
| Address: 1257 Commercial Dr, Suite C   |  |  |  | Address 2:   |              |               |  |
| City: Conyers  |  |  |  | City:  |              |               |  |
| County: Rockdale   |  |  |  | County:  |              |               |  |
| State: GA  |  | Zip Code: 30094                            |  | State:   |              | Zip Code:     |  |
| Telephone: (678) 342-2668  |  |  |  | Telephone:   |              |               |  |
| Email: georgiahope@gmail.com   |  |  |  | U.S. Citizen: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |              |               |  |
| Authorizing Authority title: <b>Executive Officer</b>  |  |  |  | If no, country of citizenship:   |              |               |  |
| Name (print): Janine Porter  |  |  |  | Social Security #:   |              |               |  |
| Signature: Janine Porter   |  |  |  | Date of Birth:   |              |               |  |
| Purchase order number:   |  |  |  | Place of Birth:  |              |               |  |
| <b>DO NOT SCAN WITHOUT THIS INFORMATION</b> ↑ ↓  |  |  |  | Race:  |              | Sex:          |  |
| Finance Code to Charge:  |  | County to charge:                          |  | Height:  |              | Weight:       |  |
| <b>ONLY ONE(1) REASON CAN BE CHOSEN:</b>   | <input checked="" type="checkbox"/> Foster                 | <input type="checkbox"/> Adopt             |  | Eye Color:   |              | Hair Color:   |  |
|  | <input type="checkbox"/> Child Care-Volunteer              | <input type="checkbox"/> CPS Investigation |  | <b>NOTES:</b>  |              |               |  |
|  | <input type="checkbox"/> New Employee                      | <input type="checkbox"/> Intern            |  |  |              |               |  |
|  | <input type="checkbox"/> TANF/Work Experience (WEX) intern |  |  |  |              |               |  |
|  | <input type="checkbox"/> Teenwork Volunteers               |  |  |  |              |               |  |
|  | <input type="checkbox"/> Other: _____                      |  |  |  |              |               |  |
| <input checked="" type="checkbox"/> I understand that an FBI/NCIC and GBI/GCIC background check will be conducted.<br><input checked="" type="checkbox"/> I have been informed that I have the right to challenge my record. |  |  |  |  |              |               |  |
| <b>Applicant signature (Required):</b>   |  |  |  |  |              |               |  |