

HEALTH OCCUPATIONS CREDENTIALING
503 S KANSAS AVE TOPEKA KS 66603
Adult Care Home
OPERATOR
CRIMINAL RECORD CHECK REQUEST

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

OTHER LAST NAMES EVER USED: _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

GENDER _____

ONE OF THE FOLLOWING MUST BE SELECTED
A - ASIAN OR PACIFIC ISLANDER
B - BLACK
I - NATIVE AMERICAN/ALASKAN NATIVE
W - WHITE

RACE _____

ADDRESS PO BOX (IF APPLICABLE)

CITY STATE ZIP

HOME PHONE

CELL PHONE

WORK PHONE