

Live Scan Level 2 Background Screening Request

THIS FORM IS TO BE COMPLETED BY THE ORGANIZATION REQUESTING THE BACKGROUND SCREEN. PLEASE COMPLETE ALL ITEMS ON THIS FORM. FAILURE TO DO SO MAY LIMIT BIO WHORL'S ABILITY TO CONDUCT THE SCREENING. TO SET UP AN APPOINTMENT, PLEASE CALL JIM ARMSTRONG: 813-244-4236.

SECTION 1: SCREENING INFORMATION

1. Date of Request: _____
2. Submitted to: BIO WHORL
3. Address of Screening Location: 501 South Dakota Avenue, Tampa, FL 33607
(Site address can be found on the schedule of screening dates/times .)
4. Name of Individual to Be Screened: _____

SECTION 2: INFORMATION ABOUT THE ORGANIZATION MAKING THIS REQUEST

5. Name of Organization: Alpha House of Tampa, Inc.
6. Organization's OCA Number*: 06290439Z
** Please note that screening cannot be complete in need of an OCA number, please contact the Department of Children and Families to request*
7. Name of The Person Completing This Form on Behalf of Organization: David Long
8. Contact Phone Number for the Person Completing This Form: 813-875-2024 ext 1014
dlong@alphahouseoftampa.org

SECTION 3: PAYMENT/BILLING INFORMATION

The fee for this service for childcare service providers screened through DCF is \$52.25.

This fee must be paid at the time the fingerprint scan is conducted.

THIS FORM IS TO BE COMPLETED BY THE INDIVIDUAL TO BE SCREENED

To complete your Level 2 Background Screening as efficiently as possible, please be sure to:

- 1) Contact BIO WHORL and make an appointment. The organization does offer some 'open' screening times throughout the week. Please call (813) 244-4236 to make your appointment or inquire about open screening times.
- 2) Bring each of the following with you to your appointment:
 - a) A 'Live Scan Level 2 Background Screening Request' form that has been completed IN FULL by your organization.
 - b) This form – completed by you. (Please fill it out prior to arriving for your appointment.)
 - c) A state-issued form of photo identification. You must have photo identification to be fingerprinted for the background screen. Accepted forms of photo identification include:
 - A Florida Driver's License
 - Military I.D.
 - Passport
 - d) Payment in the amount of \$52.25 made out to BIO WHORL.

Name: _____

Social Security Number: _____ Date of Birth: _____

State of Birth: _____ Country of Citizenship: _____

Current Home Address: _____

City: _____ State _____ Zip: _____

Name of Organization That Has Requested This Background Screening: Alpha House of Tampa, Inc.

Your Occupation: _____

Contact Phone Number(s): Home: _____

Work: _____

Cell: _____

Gender: Male Female Race: _____

Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____

TO BE COMPLETED BY SCREENER:

Cost: _____ Payment Type: _____ Screened By: _____

Bio Whorl Screening Schedule

October 25, 26 and 28 (Monday, Tuesday, Thursday) form 4:30 P.M. -6:30 P.M.

November 1, 2, and 4 (Monday, Tuesday, Thursday) form 4:30 P.M. -6:30 P.M.

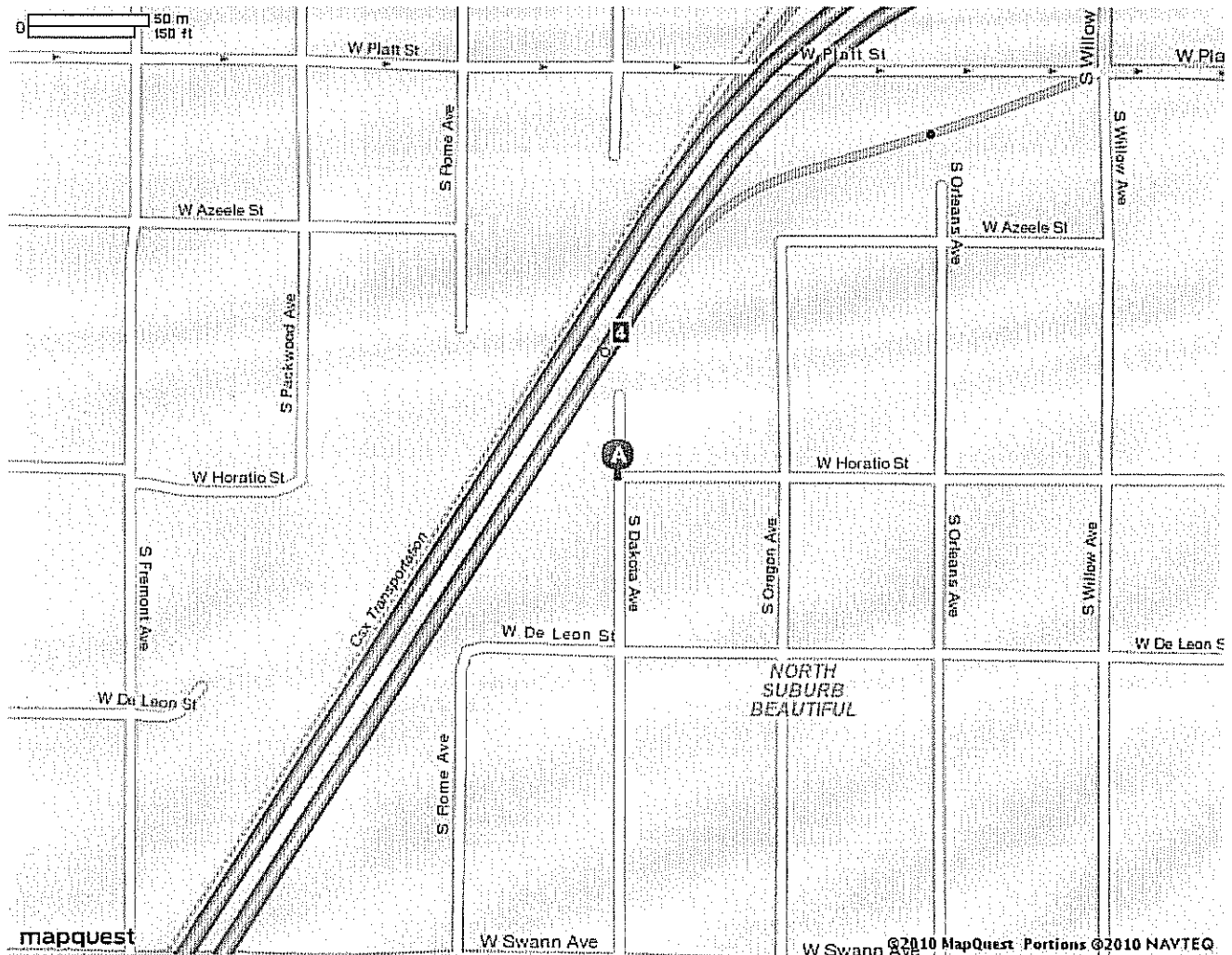


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★ 501 S Dakota Ave
Tampa, FL 33606-2579



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*BDW/ho-1
Yellow Bldg at corner of
Horatio & S. Dakota
2nd Floor.*