

(Case Manager / Representative Name)		
Requested By:		
Agency:		
Requested Date:		

## BACKGROUND SCREENING REFERRAL FORM

To Schedule an Appointment:

Go Online to

https://app.acuityscheduling.com/schedule.php?owner=14050174

or

https://heartlandforchildren.org/fingerprints

Located at Heartland for Children 1239 E. Main Street, Bartow, FL 33830 (Building #1240 A) 863-519-8900 x281

## BACKGROUND SCANS ARE DONE BY APPOINTMENT ONLY.

Applicant Full Name:	LAST	FIRST	MIDDLE	
Applicant Date of Birth		Applicant Last Four Digits of Social Security Number:		
Residential Address:				
City:	State:		Zip:	
Applicant Phone Num	ber:			
Use the f	ollowing for Additional Fa	mily Member	rs that need printing.	
	_	nmily Member	rs that need printing.	
Use the f  Additional Applicant  Applicant Full Name:	_	nmily Member	rs that need printing.	
Additional Applicant	_	mily Member	rs that need printing.	
Additional Applicant Applicant Full Name:	1 Information:	FIRST	MIDDLE	
Additional Applicant Applicant Full Name:	1 Information:	FIRST	MIDDLE	
Additional Applicant Applicant Full Name: Applicant Date of Birth	1 Information:	FIRST	MIDDLE	

Additional Applicant 2 Info	ormation:		
Applicant Full Name:		FIRST	MIDDLE
Applicant Date of Birth: Applicant			
Residential Address:			
City:	State:		Zip:
Applicant Phone Number:		<u></u>	
Additional Applicant 3 Info			
LAST		FIRST	MIDDLE
Applicant Date of Birth:	Applica	ant Last Four Digits of Social Se	ecurity Number:
Residential Address:			
City:	State:		Zip:
Applicant Phone Number:		<u></u>	
	REASON FO	OR SCAN (CHECK ONE)	
	Adoption		
	☐ Planned Place	ement (Relative or Non-Relative)	
	☐ Supervise Par	rent Visits	
	Reunification		
	☐ Planned Place	ement (License 1 Caregiver)	
	☐ Foster Care L	icense	
	□   Other		

Bring A Current, Valid, and Unexpired Photo ID (Driver License, State ID Card, Passport, etc)