

How to complete the fingerprint card

To facilitate prompt and accurate processing of the fingerprint card:

- Print legibly in black ink.
- Stay within the blocks. DO NOT OVERLAP THE BLUE LINES.
- The name(s) on the card must be identical to the name of the provider application and disclosure of ownership.
- No staples anywhere on the card.
- DO NOT FOLD FINGERPRINT CARD.
- You must provide a stamped 9X12 envelope to return the fingerprint card.

Complete the following boxes on the card.

- Signature of person fingerprinted
- Last name, first name, middle name
- Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
- ORI (leave blank)
- Date of birth (numeric month, numeric day, and numeric year)
- Residence of person fingerprinted (street address, city, state, ZIP)
- Citizenship (i.e. United States, England, Philippines)
- Sex, race, height, weight, eyes (color), hair (color)
 - Sex: M=Male; F=Female
 - Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown (If Hispanic use “W”)
 - Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; MAR=Maroon; PNK=Pink; XXX=Unknown
 - Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city, state, or foreign country)
- Employer and address (“none” if you are unemployed)
- Reason fingerprinted (enter “6401 Medicaid”)
- Social Security number
- Leave all other spaces blank (OCA, FBI, MNU, MNU)

Any law enforcement official trained in taking fingerprints may take prints. A fee is occasionally charged.

The facility taking the print **MUST** mail the card and waiver directly to KDHE/DHCF upon completing the prints.

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