

Tennessee Department of Human Services

Criminal Background Check Transfer

<u>Child and Adult Care Agencies:</u> If you hire an employee that has been fingerprinted within the last five years and has been employed by a childcare agency without a break in employment for more than one hundred and eighty days (180) days, please complete this form to transfer their background check clearance to your agency. Individuals may not be fingerprinted more than once within a one hundred and eighty-day (180) day period.

Please return this completed form to the Tennessee Department of Human Services. For additional

Applicants: Please print/type and complete all sections below.

information, you may als	so cont	act us by phor	ne at	t: 615-31	3-5147.						
				Email:							
Please complete entire form				CC-Criminal-Background-Inquiries.DHS@tn.gov							
Applicant Information											
	Nome	First Name Mi	ططام	Initial\:				Doto of	Dirth		
Current Legal Name (Last	miliai).				Date of Birth:						
SSN: Telephone #:							County of Residence:				
Telepriorie #.							County of Residence.				
Current Home Mailing Address:				City:			State:			Zip Code:	
Current nome Mailing Address.				City.				Giaic.		Zip Code.	
If you lived, worked, or att	ended s	school outside (of TN	l in the la	st 5 ves	are	nlassa list v	which etc	oto(c):		
I you ived, worked, or all	criaca (scrioor outside c	יוו וכ	VIII UIC IA	ist o yee	лго,	picase iist	WITHOUT SEC	atC(3).		
Yes, I will be a driver			1						<u> </u>		
for this agency. Please provide the following:		ver's License #: DL		DL Expiration:		state of issuin		ng DL: DL End		ndorsement(s):	
Current Agency Information	tion (Cl	nildcare agency	whe	ere you w	orked ir	n the	e last 180 c	lays)			
Name of Current Agency:											
Address of Current Agency:				City:				State:		Zip Code:	
					T						
Provider ID and Suffix:		Start Date:					longer work at this agency, what was your on date?				
				termin	atio						
New Agency Information	(where	you are transfe	erring	g to)							
Name of New Agency:											
Address of New Agency:				City:			States			Zip Code:	
,				•						•	
Provider ID and Suffix: Start Date:				Yes, I v agencies.			will be working for both of the above				
Applicant Signature			е	Nev	New Agency Owner/Director Signature Date						

Click Submit button to send automatically, or email to CC-Criminal-Background-Inquiries.DHS@tn.gov