

OFFICE OF BACKGROUND INVESTIGATIONS (OBI)
REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION
CHILDREN'S RESIDENTIAL FACILITIES
(EMPLOYEES, VOLUNTEERS AND SERVICE PROVIDERS)

MAIL REQUEST FORM, 1 FINGERPRINT CARD AND FEE TO:

Virginia Department of Social Services
Office of Background Investigations (OBI)
801 East Main Street, 6th Floor
Richmond, VA 23219

DATE RECEIVED BY OBI

CONTACT INFORMATION:

Phone Numbers: (804) 726-7092
(804) 726-7096
(804) 726-7066
Fax Number: (804) 726-7095
Email: backgrounds@dss.virginia.gov
Website: <http://www.dss.virginia.gov>

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PERSONAL DATA:

1. **LAST NAME:** _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____

LIST ALL OTHER NAMES CURRENTLY OR PREVIOUSLY USED (MAIDEN/ FORMER MARRIED/RELIGIOUS, ETC.):
(ANY NAMES LISTED BELOW SHOULD ALSO BE SHOWN IN THE ALIASES SECTION OF THE FINGERPRINT CARD)

2. **SOCIAL SECURITY #:** _____ 3. **DATE OF BIRTH:** _____ 4. **GENDER:** _____ 5. **RACE:** _____ 6. **COUNTRY/STATE OF BIRTH:** _____

7. **REASON FINGERPRINTED:** (Circle One) Applicant Volunteer

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FACILITY DATA:

1. **FACILITY NAME/ADDRESS:** _____

_____ 2. a. **REGULATORY AGENCY:** (Circle One)
Social Services Department of Behavioral Health

b. **FACILITY ID NUMBER:** _____

3. **FACILITY CONTACT PERSON:**

Print Background Contact Name / _____
Signature of Background Contact

4. **TELEPHONE NUMBER:** (____) _____ 5. **DATE OF REQUEST:** _____

****THE FACILITY SHOULD MAIL ALL INFORMATION TO OBI.**