


Fingerprinting Application Instructions

This form is required if you have not lived in PA for the past two years. If you have lived in PA longer, please skip this form.

As required by the Older Adults Protective Services Act (OAPSA), applicants/employees of Participant Employers or Common Law Employers who have **NOT** been a resident of the Commonwealth of Pennsylvania for the last two years must obtain criminal history record information reports from both the Pennsylvania State Police (PSP) and the Federal Bureau of Investigation (FBI). The employment determinations for applicants/employees who require an FBI check must come from the PA Department of Aging.

1. Complete form. All fields with an * must be completed.
2. OLTL, through PPL will process and contact you with a registration ID number. You will need to take this registration ID to a local site where you can be fingerprinted. You must also take identification with you in order to get fingerprinted. A list of fingerprinting site locations in your area and a list of acceptable identification documents is located on the website www.pa.cogent.com.
3. PA Department of Aging will approve or deny your employment based on the results of the fingerprinting process. The results will be sent to you and PPL within three to six weeks.

	Participant Name	Employer Name	Employee Name
Fingerprinting Application			
IMPORTANT: This form is only required if the Participant has a representative.			
Applicant Information			
Social Security Number: * _____ - _____ - _____			
Name Prefix (check one): <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Fr. <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Ofc. <input type="checkbox"/> Sister			
First Name: *	Middle Name:	Last Name: *	
Maiden/Alias Name(s)			
Sex * (check one): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown			
Race * (check one): <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White (includes Mexicans and Latinos) <input type="checkbox"/> Unknown			
Height: * feet inches		Weight: * pounds	
Eye Color * (check one): <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown			
Hair Color * (check one): <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Unknown			
Date of Birth: * (mm/dd/yyyy)		Place of Birth: *	
Address: *			
City: *		State: *	Country: *
City: *		State: *	Country of Citizenship: *
Phone: *		Evening Phone:	
Email Address:			
* REQUIRED INFORMATION			

If you have any questions, please contact customer service at 1-877-908-1750.