

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 – enter **KSPAC000Z**
- 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
- MNU – enter **102KS6405**

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 KBI Identification Unit upon completing the prints.

Krista Engel
KS Dept of Health and Environment
900 SW Jackson Ave, Suite 900N
Topeka, KS 66612