

DOLLY'S PERSONAL CARE HOME, INC.

GAPS Applicant Registration Request

Applicant: _____ Program: _____
 Primary caregiver in this home if not the applicant: _____

I plan to obtain a LiveScan Criminal Records through Georgia Applicant Processing Services (GAPS) as part of the home approval process for DCLA. Please use the following information to register me in GAPS.

*Last name:	*First name
Middle name:	Suffix:
*Date of birth:	*Place of birth:
Social Security number	*Sex:

*Race (check One)	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Black	<input type="checkbox"/> White (Includes Mexican and Latinos)
	<input type="checkbox"/> American Indian & Alaskan Native	

*Eye color (check one)	<input type="checkbox"/> Black	<input type="checkbox"/> Green	<input type="checkbox"/> Maroon	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Blue	<input type="checkbox"/> Gray	<input type="checkbox"/> Multicolored	
	<input type="checkbox"/> Brown	<input type="checkbox"/> Hazel	<input type="checkbox"/> Pink	

*Hair color (check one)	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Purple	<input type="checkbox"/> Sandy
	<input type="checkbox"/> Blonde	<input type="checkbox"/> Gray	<input type="checkbox"/> Pink	<input type="checkbox"/> White
	<input type="checkbox"/> Blue	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Unknown

*Height:	Address:
*Weight	
Country of citizenship:	
Driver license number:	
Driver license state:	Phone number:

***Required information**

I understand the following:

- WA, LLC will notify me when my GAPS registration has been completed.
- My registration will remain valid with GAPS for approximately one week.
- I will check the GAPS website at www.ga.cogentid.com (or check with WA, LLC.) to confirm information about the GAPS location most convenient for me.
- At the GAPS location, I will be required to produce a current, valid and unexpired state-issued driver license or other government-issued picture identification.

 Print name of applicant

 Signature of applicant

 Date signed

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