

Request for Live Scan Fees

Section I: Applicant Information

Federally Recognized Tribe:

Tribal Agency:

Address:

Name of Contact person:

Email:

Phone:

The below questions are to be completed by authorized member of tribe:

This is a request for *(please select one)*:

- Reimbursement**, in the amount of \$_____. *(Please attach receipts to this request)*
- Advance payment**, in the amount of \$_____. *(Estimate the number of individuals to live scan within the next 30 days and multiply this number by \$80 per individual)*

I certify that I am authorized to sign on behalf of the federally recognized tribe above. I certify that the information in this *Request for Live Scan Fees* is accurate and that the secured funds will be used for the purposes of approving or licensing foster and adoptive homes for the tribal community or communities represented.

Authorized Signature: _____

Section II: California Department of Justice (CDOJ) Provided Information

Approved by the California Department of Justice (CDOJ) on: _____

Originating Agency Identifier (ORI) Number assigned by the CDOJ: _____

Section III: Program Use Only

State PCA Code: 12460 Index Code: 556

Invoice #:

Program:

Approved by (print name): _____ Date Approved: _____

Signature: _____

Instructions: Please mail this form, the estimate showing total costs for the live scan fees, and form [STD 204 Payee Data Record](#) to:

California Department of Social Services,
Child and Youth Permanency Branch
744 P Street, MS 8-13-78
Sacramento, CA 95814