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[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

## **Instructions for Fingerprinting in Indiana**

### **Department of Child Services**

**AGENCY PERSONNEL-PRIOR TO DISTRUBUTING THIS FORM TO FINGERPRINT APPLICANTS, CUSTOMIZE THE BLANKS WITH YOUR AGENCY’S INFORMATON PER THE INSTRUCTIONS ON THE VERY LAST PAGE BELOW.**

Follow the simple steps outlined below to complete the fingerprinting process for **LCPA licensed Foster Home**

1. Using your computer web browser, go to <http://www.identogo.com/> and assist or complete the registration for licensed foster parents or provide them with these detailed instructions once filled in appropriately.
2. If you absolutely can not complete the registration online, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.
3. On the *Welcome Screen* enter a zip code or choose “Indiana” from the drop down box and click “go”
4. Click “Appointments”
5. *Choose the language you wish to use for scheduling (English or Spanish)* at the top right of the screen.
6. Choose “New Appointment”
7. *Select the State Agency or license/permit category that you are being printed for.* Choose the **Department of Child Services (DCS)** as your Agency Name from the drop down box and click “go”.
8. *Why are you being fingerprinted? Please select the applicant type from the drop down box.* On the Applicant Type screen choose “**foster family home**” in the drop down box and click “go”
9. *Are you licensed by:* choose the correct licensing entity in the drop down box of “**LCPA (licensed child placing agency)**” and click “go”



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10. *Select the Facility or Agency that you are working with.* In the LCPA Local Office drop down box choose **“Choices Foster Care Solutions Foster Home”** from the drop down box and click “go”
11. *Enter the name of the agency/ county personnel you are working with.* Type in the **first and last name of the licensing worker the LCPA** and click “go”. My worker’s name is **Kristen Cramer.**
12. *Enter the agency/ county you are working with:* Type in the words **Choices Foster Care Solutions Foster Home** and click “go”
13. *Enter the telephone number of Agency/ County you are working with?* Type in this phone number in the blank, **317-726-2121,** and click “go”
14. *Have you ever been arrested for or convicted of a crime that has not been expunged by a court?* This is any crime regardless of how small or how long ago. Click **“Yes” or “No”** If yes, on the next screen provide the four pieces of information for each conviction you have had.
15. *How many other household members over 18 (excluding children under the supervision of DCS) are residing with you?* Type the correct number here and click “go”
16. If you enter 1 or more in question prior you will be asked to enter the **Name, Date of Birth and SS# of household members** residing with you. Once this information has been entered click “go”
17. Select the location where you want to be fingerprinted. You may choose by entering a zip code, clicking on the picture of the map or by choosing a region of the state from the drop down box to get a list of locations in a specific area. Once you location has been chosen click “go”
18. Click on the words **“Click to Schedule”** across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the **“Next Week>>”** link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
19. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). Please be aware that the e-mail address requested is the applicant’s personal e-mail address. All information will automatically be sent to **Choices Foster Care Solutions Foster Home** since that is the agency you chose and the personal e-mail of the applicant is used to provide a copy of notice to the applicant also. When complete, click “Send Information”
20. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click “Send Information”.
21. You will be presented with payment options. Your agency **does have** an escrow account to pay for these prints. Your agency’s billing code is **INB00N257.** **(PLEASE NOTE: in the code these are number zeros, not letter O’s).** Complete your payment process and click “Send Payment Information”.
22. Print your confirmation page. If the applicant provided a personal email address on the demographic information page, the applicant will receive an email confirmation as well.
23. Bring a current government issued picture ID, such as a state driver’s license or state issued Identification Card, with you to your appointment. If you do not have a current government issued picture ID, your employer should contact the background check unit



for prior going to this printing appointment for authorization. Without prior authorization you cannot be printed.

24. Arrive at the facility at your appointed date and time.
25. The Enrollment Officer at the site will check you ID, verify your information (if the name or DOB entered at the registration step does not match that on the ID, expect the enrollment officer to make changes prior to printing), verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
26. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting, if needed.
27. All results will be processed and delivered to Department of Child Services for processing. The fingerprint agency is never in possession of criminal record data results.
28. Within 15 working days the results will be e-mailed to the contact person at **Choices Foster Care Solutions Foster Home** and if a personal e-mail address was also provided during the registration process a copy of that notice will also be e-mailed to that e-mail address.
29. All questions should be directed to your worker at **Choices Foster Care Solutions Foster Home.**



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## Instructions

This form is made to simply tab to the next blank and type the information that is appropriate and print off and give to the applicant to use during the L-1 registration process

**Blanks in Question 10, Question 12, Question 19, Question 28 and Question 29:** Type the LCPA agency name exactly as it appears on the L-1 registration website.

**Blank in Question 11:** Type the first and last name of the licensing worker at the LCPA

**Blank in Question 13:** Type the phone number of the worker listed in question 11.

**Blank in Question 21:** Type your LCPA billing code if you wish to pay for your applicant's printing expense.

- ❖ <http://www.identogo.com/> (also referred to as L-1 Identity Solutions, L-1 Enrollment Services, SAFRAN MorphoTrust USA, MorphoTrust, Morpho, IdentoGo by MorphoTrust, USA and/or IBT (Integrated Biometric Technologies)).

