



BCI DEMOGRAPHIC INFORMATION

Last Name: _____		
First Name: _____	Middle Name: _____	
Alias(s): _____		D.O.B: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____		

REASON CODE TO BE FINGERPRINTED UNDER: 5123 081, 3701 881, 5164 342
Type of Fingerprints needed: <input type="checkbox"/> BCI ONLY <input type="checkbox"/> FBI ONLY <input type="checkbox"/> BOTH
Have you lived in Ohio for more than 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, <u>FBI ONLY</u> is needed

MAIL RESULTS TO: <p style="text-align: center;">BEYOND HOMECARE 31 ½ MONUMENT SQUARE URBANA, OHIO 43078 OFFICE: 937-702-4002 FAX: 937-508-4343</p>

ATTN WEBCHECK VENDOR- PLEASE SEND INVOICES VIA FAX OR MAIL USING THE
CONTACT INFORMATION FOR BEYOND HOMECARE LISTED ABOVE.
C/O JESSICA THOMAS CEO