



Tennessee Department of Human Services
Criminal Background Check Transfer

Child and Adult Care Agencies: If you hire an employee that has been fingerprinted within the last five years and has been employed by a child or adult care agency without a break in employment for more than one hundred and eighty days (180) days, please complete this form to transfer their background check clearance to your agency. Individuals may not be fingerprinted more than once within a one hundred and eighty-day (180) day period.

Applicants: Please print/type and complete all sections below.

Please return this completed form to the Tennessee Department of Human Services. For additional information, you may also contact us by phone at: 615-313-5147.	
Please complete entire form	Email: CC-Criminal-Background-Inquiries.DHS@tn.gov

Applicant Information				
Current Legal Name (Last Name, First Name, Middle Initial):			Date of Birth:	
SSN:	Telephone #:		County of Residence:	
Current Home Mailing Address:		City:	State:	Zip Code:
If you lived, worked, or attended school outside of TN in the last 5 years, please list which state(s):				
Yes, I will be a driver for this agency. Please provide the following:	Driver's License #:	DL Expiration:	State of issuing DL:	DL Endorsement(s):

Current Agency Information (Child or adult care agency where you worked in the last 180 days)				
Name of Current Agency:				
Address of Current Agency:		City:	State:	Zip Code:
Provider ID and Suffix:	Start Date:	If you no longer work at this agency, what was your termination date?		

New Agency Information (where you are transferring to)				
Name of New Agency:				
Address of New Agency:		City:	State:	Zip Code:
Provider ID and Suffix:	Start Date:	Yes, I will be working for both of the above agencies. (yes if any overlap for applicant at both agencies)		

Applicant Signature _____ Date _____ New Agency Owner/Director Signature _____ Date _____

Click Submit button to send automatically, or email to CC-Criminal-Background-Inquiries.DHS@tn.gov