



# Background Screening Appointment Form for Long-Term Care Ombudsman Volunteers



**Applicant:** Please bring this form with you to your background screening appointment and give it to the person who conducts the screening and ask the person to complete the first section of the form and give it back to you. You will not be charged for the background screening.

**Screener:** The LTCOP Originating Number (ORI) number is **FL924330Z** and is specific to LTCOP Volunteer Screenings. There are additional ORI numbers issued for other agency programs. If you have any doubt this person has the correct ORI to submit electronic fingerprints, please call (850) 414-2323. Please write the Transaction Control Number (TCN) and answer the following:

Date of screening: \_\_\_\_\_ TCN#: \_\_\_\_\_ Screener's name: \_\_\_\_\_

Background Screening Service Provider: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

**Screener:** Give this form back to the person you screened, along with any printed evidence of the screening.

<b>APPLICANT</b>	(Please Print) Last Name: _____ First Name: _____
	Middle (or Maiden) Name: _____ Date of Birth: _____
	Address: _____ Phone: ( ) _____
	_____ E-mail Address: _____
	Please provide the last four digits of your Social Security number and your initials. This will become your unique screening ID #: XXX-XX-_____(initials)

**Applicant:** Please return this form and the screening receipt as soon as possible after the screening is complete!

Scan and email to [doealtcop@elderaffairs.org](mailto:doealtcop@elderaffairs.org) or fax to 850-414-2377.

Please include the TCN# and applicant's name in the subject line.

If you do not have access to a scanner or a fax machine, please mail to:

Florida Department of Elder Affairs  
Long-Term Care Ombudsman Program  
4040 Esplanade Way, Suite 280.05  
Tallahassee, Florida 32399-7000