

**Fingerprint/Background Check
Application for Partial Reimbursement**

Program Name: _____

Program Site Address: _____

FEIN or SSN Number: _____ Telephone #: _____

Email Address: _____

License Number, if applicable: _____

Are you an ABC Quality Provider: YES ___ No ___
(Please Check One)

Are you an Exempt provider: YES ___ No ___

- Attach to this reimbursement request:
- ❖ Receipts of fingerprint appointment or other form of documentation showing that fingerprints were paid for (check statement, credit card statement)
 - ❖ Completed Staff List for Fingerprint Reimbursement Form
 - ❖ Any additional required information as determined in the instructions. (ie. See Special Instructions)

Director's Signature: _____ Date Signed: _____

Print Name: _____

For Licensing Use Only			
# of Requests		Reimbursement Rate	Total
	x	\$40.00	
	x	\$34.75	
	x	\$36.00	
	x	\$32.75	
Total Amount of Reimbursement:			
Approved By:		Date:	
Date Sent to SC Voucher:			
For SC Voucher Use Only			
Date Keyed by Voucher:			
Date Sent to Finance:			

FINGERPRINT/BACKGROUND CHECK PARTIAL REIMBURSEMENT INSTRUCTIONS

January 2020

Child care centers and exempt providers may apply for partial reimbursement (50%) for fingerprint/background checks for existing staff and volunteers who were hired before August 5, 2019. Family child care home and group child care home operators may be reimbursed for 50% of the background check fees paid on behalf of their household members.

Additional Required Information for Submission of Application

Required documentation for submission:

- A completed Fingerprint/Background Application for Partial Reimbursement form (available on the DSS child care website, at scchildcare.org).
- Receipts or other form of documentation showing that fingerprints were paid for (e.g., check statement or credit card statement).
- Staff list for fingerprint reimbursement.
- If you are not an enrolled ABC Quality provider, see the information listed under *Special Instructions for Non ABC Quality Child Care Providers*.

Special Instructions for Non ABC Quality Child Care Providers

If your facility is **not** enrolled in the ABC Quality Program, one of the following applies and additional information is needed for payment processing.

- If your facility uses a Social Security Number for tax purposes, DSS will need a copy of the driver's license, social security card, and a completed W-9.

Note: Names must be the same on all information. Please make sure to have any identifying documentation corrected before sending so reimbursement can be approved in a timely manner.

OR

- If your facility uses a FEIN for tax purposes, DSS will need a copy of the IRS letter assigning that FEIN to that facility and a completed W-9.

Note: If you are currently participating in the ABC Quality Program, you do not have to submit the special instruction items indicated above.

All information should be mailed or emailed to:

**SC Department of Social Services
Child Care Licensing, Room 218
Attn: Fingerprint Background Reimbursement
Post Office Box 1520
Columbia, South Carolina 29202
Or
Emailed to: Charlene.Caldwell@dss.sc.gov**

Questions regarding the fingerprint background reimbursement should be directed to Charlene Caldwell, DSS Child Care Licensing, at 803-898-5082 or Christine Boykin at 803-898-2734.