

**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

Attached is the application for partial reimbursement (50%) for the fingerprint/background checks for you, existing staff, household members and volunteers as of August 5, 2019 which were required to come into compliance with the new background check law.

Additional Required Information for Submission of Application

Required documentation for submission:

- A completed Fingerprint/Background Application for Partial Reimbursement (page 1).
- Receipts or other form of documentation showing that fingerprints were paid for. (check statement or credit card statement)
- Staff list for fingerprint reimbursement (page 2)
- 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 the facility is **not** enrolled in the ABC Quality Program, one of the following will apply and additional information is needed for processing of payment.

- If the facility uses a Social Security Number for tax purposes, we need to receive 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 the facility uses a FEIN for tax purposes, we need a copy of the IRS letter assigning that FEIN to that facility and a completed W-9.

Note: Reminder, if you are currently participating in 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, Child Care Licensing, at 803-898-5082 or Christine Boykin 803-898-2734.