

### LONG-TERM CARE OMBUDSMAN FINGERPRINT REPORTING FORM

<b>PSA Number</b>	<b>Program Name</b>

The individuals listed below have been issued a REQUEST FOR LIVE SCAN SERVICE form. Applicants will attempt to be fingerprinted within three business days.

\_\_\_\_\_  
LTC Ombudsman Coordinator

\_\_\_\_\_  
Date

	Name	Check If New Applicant*	Estimated Live Scan Date
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	
7.		<input type="checkbox"/>	
8.		<input type="checkbox"/>	
9.		<input type="checkbox"/>	
10.		<input type="checkbox"/>	
11.		<input type="checkbox"/>	
12.		<input type="checkbox"/>	
13.		<input type="checkbox"/>	
14.		<input type="checkbox"/>	
15.		<input type="checkbox"/>	

If more space is needed, please use an additional sheet.

Please complete and return to the OSLTCO at [stateomb@aging.ca.gov](mailto:stateomb@aging.ca.gov) within two business days after issuing the REQUEST FOR LIVE SCAN SERVICE forms.