**This letter must be given to the fingerprint technician at the Department of Emergency Services and Public Protection**

**State Fingerprint-Supported Criminal History Check for**

**Qualified Providers**

**for the Department of Developmental Services**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Applicant Name:** | **Date of Birth:** |

**Notice to the Applicant:** The DDS policy requires all employers receiving DDS funding to conduct a **State** criminal history background check **only** on persons who will work directly with individuals with intellectual disabilities, prior to employment. The **State** criminal background check must be completed by the Department of Emergency Services and Public Protection (DESPP). You must appear at:

Department of Emergency Services and Public Protection (DESPP)

1111 Country Club Road

Middletown, CT 06457

Fingerprint Unit

8:30 AM – 4:00 PM

**IMPORTANT:** You must bring this letter along with a valid state-issued photo identification card, valid driver license, or valid US passport, and the appropriate payment with you when being fingerprinted and present it to DESPP personnel. **When fingerprinting is completed, bring this letter and the fingerprints back to the window where you made your payments.**

PAYMENT: You must bring two (2) checks or money orders made payable to “Treasurer-State of CT”. The fingerprinting fee is $15.00 and the **State** criminal history search fee is $75.00.

**DESPP Fingerprint Staff:**

|  |  |
| --- | --- |
| **Fingerprint Under:**  **DDS Qualified Providers** | **Send Reply To:**  [**DDS.QPAPenrollment@ct.gov**](mailto:DDS.QPAPenrollment@ct.gov)  Department of Developmental Services  460 Capitol Avenue  Hartford, CT 06106 |