



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MS Division of Medicaid Fingerprint Submission Checklist

- ___ 1. Medicaid facility/agency staff should check all cards for completion and correctness.
- ___ 2. Ensure your account has sufficient funds to process background checks. If needed, submit payment in the form of a money order, business check, or cashier's check. (\$50 per applicant).
Make payable to: Mississippi State Department of Health or MSDH.
- ___ 3. Mail Fingerprint Card and Payment – All cards and payments **MUST** come from the Medicaid facility/agency, **not** the applicant/student. (LiveScan facilities only mail payments)

MAIL Fingerprint Card and Payment To:

Mississippi State Department of Health
Attention: Fingerprinting
143B LeFleurs Square
Jackson, MS 39211

- ___ 4. Applicant should read, sign and date the Non-Criminal Justice Applicant's Privacy Rights form. *This form should be kept in the employee/student personnel file.* This is a relatively new part of our process, so please be sure to complete and keep this form at the facility in the applicant's personnel file.

Please follow instructions above to ensure that the background checks for your facility are processed in a timely manner. Thank you so much for your cooperation!

Within two weeks of when your applicant is cleared, please be sure to provide them with a letter on your facility letterhead, signed by management and notarized.

FINGERPRINT CARD CODES

Please use the following codes for the sections of the fingerprint card that ask for RACE, EYE COLOR, and HAIR COLOR.

RACE

<u>If person to be fingerprinted is:</u>	<u>Enter Code</u>
Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan or any other Pacific Islander	A
A person having origins in any of the black racial groups of Africa	B
American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition	I
Of indeterminable race	U
Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race	W

EYE COLOR

<u>Color</u>	<u>Code</u>	<u>Color</u>	<u>Code</u>
Black	BLK	Blue	BLU
Brown	BRO	Gray	GRY
Green	GRN	Hazel	HAZ
Maroon	MAR	Multicolored	MUL
Pink	PNK	Unknown	XXX

HAIR COLOR

<u>Color</u>	<u>Code</u>	<u>Color</u>	<u>Code</u>
Bald	BAL	Black	BLK
Blonde or Strawberry	BLN	Brown	BRO
Gray or Partially Gray	GRY	Red or Auburn	RED
Sandy	SDY	White	WHI
Unknown	XXX	Blue	BLU
Green	GRN	Orange	ORG
Pink	PNK	Purple	PLE