



**Department of Health & Human Services
Office of Inspector General
330 Independence Avenue SW, Washington, DC 20201**

New Subject Information Form

Section A: To Be Completed By the Applicant

1. Name (Last/Family)		2. First (Given)		3. Middle (or NMN)		4. Other Names Used		5. Suffix	
6. Social Security Number		7. Date of Birth MM/DD/YYYY		8. Place of Birth (City and State)		9. Country		10. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
15. Home Street Address				11. E-Mail Address (work)		12. E-Mail Address (personal)			
				13. Daytime Phone Number		14. Cell Phone Number			
16. City		17. State		18. Zip Code		19. Position (Job) Title			
20. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Naturalized Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-US Born Citizens Only: Complete 22-24 as applicable					
				22. Naturalization Certificate Number		23. Alien Registration Number		24. Country of Citizenship	
25. Prior Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Federal Investigation Only: Complete 26-28							
		26. Agency		27. Level of Investigation		28. Date of Completion			
29. Previous Security Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Security Clearance Only: Complete 30-32							
		30. Level of Clearance <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Top Secret w/SCI		31. Date Clearance Granted		32. Security POC/Phone Number			

Section B: To Be Completed By HHS AO or POC

1. Term of Service <input type="checkbox"/> Long Term <input type="checkbox"/> Temporary less than 6 months		4. Position <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Intern		7. Employee Position Title	
2. Component		5. Administrative Officer or POC Name:		8. Additional POC Name:	
3. Regional Location <input type="checkbox"/> Atlanta <input type="checkbox"/> Boston <input type="checkbox"/> Chicago <input type="checkbox"/> Dallas <input type="checkbox"/> DC <input type="checkbox"/> Kansas <input type="checkbox"/> Los Angeles <input type="checkbox"/> Miami <input type="checkbox"/> New York <input type="checkbox"/> Philadelphia <input type="checkbox"/> San Francisco		6. Position Sensitivity Needed <input type="checkbox"/> Low Risk #1 <input type="checkbox"/> Non-Critical Sensitive #2 <input type="checkbox"/> Moderate Risk #5 <input type="checkbox"/> Critical Sensitive #3 <input type="checkbox"/> High Risk #6 <input type="checkbox"/> Special Sensitive #4		9. Clearance Level Required, if applicable <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Top Secret w/SCI	
		10. Expected EOD			

Section C: Notes

Privacy Statement

Authority: 5 U.S.C. § 301; 44 U.S.C. § 3101; Homeland Security Act of 2002, Pub. L. No. 107-296, 116 Stat. 2135; Executive Order (EO) 9397; EO 10450; EO 12968; and 5 CFR Part 731 authorize the collection of this information.

Routine Uses: The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended.

All documentation must be submitted to the Personnel Security office at OIGPersonnelSecurity@oig.hhs.gov