DPP-159 (R. 04/21) 922 KAR 1:490

COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES Department for Community Based Services

Initial
 Re-evaluation

BACKGROUND CHECK REQUEST FOR RELATIVE AND FICTIVE KIN CAREGIVERS, OR ADOLESCENT AND ADULT HOUSEHOLD MEMBERS

922 KAR 1:490 requires each relative or fictive kin caregiver, and each adult household member to submit to a child abuse or neglect check, criminal records check, and an address check of the sexual offender registry at initial application and an address check of the sexual offender registry annually. 922 KAR 1:490 also requires that adolescent members of households (age 12 through 17) submit to a child abuse or neglect check. Checks shall be completed prior to initial approval. Please indicate if the check is initial or annual in the box above and check the appropriate category below.

	egarding the individual submit	0		
Please list all of your res	sidences for the last (5) five years	A post office box is not a resid	dence.	
Name:				
(first)	(middle)	(maiden/nickname)	(last)	
Sex: Race:	Date of Birth:S	ocial Security Number:		
Present Address:				
(street address)	(city)	(state)	(zip code)	
Previous Address:				
street address)	(city)	(state)	(zip code)	
Previous Address:				
street address)	(city)	(state)	(zip code)	
Previous Address:				
street address)	(city)	(state)	(zip code)	
Previous Address:				
(street address)	(city)	(state)	(zip code)	



BACKGROUND CHECK REQUEST FOR RELATIVE AND FICTIVE KIN CAREGIVERS, OR ADOLESCENT AND ADULT HOUSEHOLD MEMBERS

Initial application requirements:

I hereby authorize the Cabinet for Health and Family Services to complete a check of the Kentucky Central Registry (child abuse or neglect), Criminal Record Report, and an address check of the Sexual Offender Registry and provide the results of the checks to the agency listed below. If I have lived outside the state of Kentucky during the last five (5) years, I further authorize the Cabinet for Health and Family Services to complete a fingerprint Criminal Records Check (adults only). Fingerprints submitted will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). I understand I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and its employees from any claim for damages arising from the dissemination of inaccurate information. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

Procedures for obtaining a copy of an FBI criminal history record are set forth at 28 C.F.R. 16.30-16.33 or go to the FBI website at http://www.fbi.gov/about-us/cjis/background-checks. Procedures for obtaining a change, correction, or updating of FBI criminal history records are set forth at 28 C.F.R. 16.34.

Annual application requirement:

I hereby authorize the Cabinet for Health and Family Services to complete an address check of the Sexual Offender Registry and provide the results to the agency listed below. I understand I have the right to inspect my record and to request correction of any inaccurate information. I release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

The information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the individual (or parent/guardian of household member age 12-17) requesting the check				
Signature of witness			(date)	
FOR COMPLETION BY CABINET STAFF Name of DCBS office:				
Name and title of representative:				
Address:				
City:				
Phone:	Fax:			
Email Address to Receive Encrypted Results:				
Signature:				
representative requesting information)		(date)		

Send the completed form to: Email: CHFSDCBS.RMS@ky.gov

Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 F. Main St. 2F. C.

275 E. Main St., 3E-G Frankfort, KY 40621

^{*}Authorization provided by applicant signature expires in 60 days.

BACKGROUND CHECK REQUEST FOR RELATIVE AND FICTIVE KIN CAREGIVERS, OR ADOLESCENT AND ADULT HOUSEHOLD MEMBERS

Results of Child Abuse or Neglect Check
(Required of relative and fictive kin caregivers, and household members 12 years old or older, at initial application or out-of-state
requests)
requests)
No reportable incident found in accordance with 922 KAR 1:490.
Substantiated child abuse found Date of finding:
Substantiated child neglect found Date of finding:
The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, a near fatality,
or involuntary termination of parental rights: Yes No
A matter subject to administrative review found in accordance with 922 KAR 1:490
Results of Kentucky Criminal Records Check
(Required of relative or fictive kin caregivers and adult household members at initial application)
(Required of felative of fictive kill caregivers and addit flousehold flictiloers at findal application)
No reportable incident was found in accordance with 922 KAR 1:490.
A reportable incident was found in accordance with 922 KAR 1:490, Section 3(4) or 6(4); the caretaker relative or fictive kin shall not be approved.
A reportable incident was found, and in accordance with 922 KAR 1:490, Section 7(2), approval shall be handled
on a case-by-case basis with consideration given to the nature of the offense, length of time that has elapsed since
the event, and the applicant's life experiences during the ensuing period of time.
Results of the address check of the Sexual Offender Registry
(Required of relative and fictive kin caregivers, and adult household members at initial application and annually)
(Required of ferantive and fictive kill caregivers, and adult nousehold members at find a application and annually)
Address was not matched to an address on the say offender registry
Address was not matched to an address on the sex offender registry.
Address was matched with an address associated with a registered sex offender.
Reviewed by:
Records Management Staff Personnel Date of Check