DPP-159 06/21 922 KAR 1:490

# COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

**Department for Community Based Services** 

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

922 KAR 1:490 requires each relative and 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. 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 check the appropriate category below.

Ado Out Persona	lescent Hous of State Requ l informatio	per of Relative/Fictive Kin Carege ehold Member of Relative/Fictive uest: State(s):  n regarding the individual substressidences for the last (5) five years.	e Kin Caregiver	lence.
Name: _				
(first)		(middle)	(maiden/nickname)	(last)
Sex:	Race:	Date of Birth:	Social Security Number:	
Present A	Address:			
street address)		(city)	(state)	(zip code)
Previous	Address:			
street address)		(city)	(state)	(zip code)
revious	Address:			
street address)		(city)	(state)	(zip code)
Previous	Address:			
street address)		(city)	(state)	(zip code)
Previous	Address:			
street address)		(city)	(state)	(zip code)

Use another sheet of paper, if necessary.



## BACKGROUND CHECK REQUEST FOR RELATIVE OR 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 <a href="http://www.fbi.gov/about-us/cjis/background-checks">http://www.fbi.gov/about-us/cjis/background-checks</a>. 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:	State:	Zip Code:			
Phone:	Fax:				
Email Address to Receive Encrypted Results:					
Signature:					

(representative requesting information)
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 E. Main St., 3E-G Frankfort, KY 40621 (date)

<sup>\*</sup>Authorization provided by applicant signature expires in 60 days.

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

Results of Child Abuse or Neglect Check
<ul> <li>No reportable incident found in accordance with 922 KAR 1:490.</li> <li>Substantiated child abuse found Date of finding:</li> <li>Substantiated child neglect found Date of finding:</li> <li>The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, or involuntary termination of parental rights: ☐ Yes ☐ No</li> <li>A matter subject to administrative review found in accordance with 922 KAR 1:490</li> </ul>
Results of Kentucky Criminal Records Check
<ul> <li>□ No reportable incident was found in accordance with 922 KAR 1:490.</li> <li>□ A reportable incident was found in accordance with 922 KAR 1:490, Section 3(4) or 6(4); the relative or fictive kin caregiver shall not be approved.</li> <li>□ 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.</li> </ul>
Results of the address check of the Sexual 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