DPP-157 (R. 1/18) 922 KAR 1:490

# COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

**Department for Community Based Services** 

## BACKGROUND CHECKS FOR APPLICANTS OR FOSTER/ADOPTIVE PARENTS

922 KAR 1:490 requires each applicant or foster or adoptive parent, and each adult household member to submit to a child abuse or neglect check, criminal records check, and sex offender registry check. 922 KAR 1:490 also requires that adolescent members of households (age 12 through 17) submit to a child abuse or neglect check. Checks should be completed prior to initial approval and annually thereafter. Please indicate if the check is initial or annual in the box above and check the appropriate category below.

middle)	ting a check. ther sheet of paper, if necessary.  (maiden/nickname)	(last)
middle)	(maiden/nickname)	(lact)
,	(maiden/nickname)	(lact)
~		(last)
S	Social Security Number:	
(city)	(state)	(zip code)
(city)	(state)	(zip code)
(city)	(state)	(zip code)
(city)	(state)	(zip code)
	(city)	(city) (state)

Use another sheet of paper, it necessary.

KentuckyUnbridledSpirit.com

Kentucky Williams

An Equal Opportunity Employer M/F/D

## BACKGROUND CHECKS FOR APPLICANTS OR FOSTER/ADOPTIVE PARENTS

#### **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 Records Check, and an address check of the Sexual Offender Registry and provide the results to the agency listed below. 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 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 an FBI criminal history records are set forth at 28 C.F.R. 16.34.

#### **Annual 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 Records Check, and 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 criminal history record and to request correction of any 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.

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 (date)\*

Signature of	witness			(date)
FOR COM	PLETION BY THE CHILD-PLACING	AGENCY or	CABINET STAFF	
Name of chi	ld placing agency or DCBS office:			
Name and ti	tle of representative:			
Address:				
		_ State:	Zip Code:	
Phone:		Fax:		
Print Name:				
	(representative requesting information)			(date)
Signature: _				
	(representative requesting information)			(date)

Send the completed form to: Cabinet for Health and Family Services

Department for Community Based Services

Records Management Section

275 E. Main St., 3E-G Frankfort, KY 40621 Fax: (502) 564-9554

Email: CHFSDCBS.RMS@ky.gov

<sup>\*</sup> Authorization provided by signature expires in 30 days

## BACKGROUND CHECKS FOR APPLICANTS OR FOSTER/ADOPTIVE PARENTS

Results of Child Abuse or Neglect Check					
(Required of applicant and all household members age 12 and over, at initial and annual application or					
out-of-state 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					
near fatality, or involuntary termination of parental rights:   Yes No					
A matter subject to administrative review found in accordance with 922 KAR 1:470					
<b>-</b>					
Results of Kentucky Criminal Records Check					
(Required of applicant and all adult household members at initial and annual 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.					
Results of the address check of the Sexual Offender Registry					
(Required of applicant and all adult household members at initial and annual application)					
Address was not matched to an address on the sex offender registry.					
Address was matched with an address associated with a registered sex offender.					
The state of the s					
Results of the Check of the Criminal History Records of FBI					
(Required of applicant and all adult household members at application only)					
□ No reportable incident found in accordance with 922 KAR 1:490					
A reportable incident was found, and in accordance with 922 KAR 1:490, Section 2(4), the applican					
shall not be approved.					
A reportable incident was found, and in accordance with 922 KAR 1:490, Section 6(2), approval shall					
be handled on a case-by-case basis with consideration given to the nature of the offense, length o					
time that has elapsed since the event, and the applicant's life experiences during the ensuing period					
of time. A criminal records check revealed that the applicant or adult member of the applicant'					
household has been convicted of a nonviolent felony or misdemeanor (alcohol/drug or other) in the					
state of					
Reviewed by:					
Records Management Staff Personnel Date of Check					