



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES**

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Governor

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Janie Miller
Secretary

Contract Correspondence Transmittal (CCT)

CCT Number: 10-03	Date of Issue: May 28, 2010
Division/Branch: Protection and Permanency/OOHC	
Key Words/Phrases: DPP-159 Criminal Records Check Authorization	
Attachments/Forms: Updated DPP-159 is now located on the forms page of the online manual.	

Dear PCC/PCP Provider,

The purpose of this transmittal is to notify agency staff of a recent change to the DPP-159-Criminal Records Check Authorization form. On page two (2) of the form in the box labeled "This Section to be Completed by the Child-Placing Agency Staff or Cabinet Staff," the fee for the KSP and NCID checks have been updated to reflect the new amounts charged to run these checks.

Please begin using this form immediately to ensure that accurate information is being relayed to all private agency staff.

If you have any questions regarding this matter, please contact Julie.cubert@ky.gov.

Sincerely,

Michael Cheek
Director



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY-BASED SERVICES
RECORDS MANAGEMENT SECTION 3E-G
275 EAST MAIN STREET
FRANKFORT, KY 40621

CRIMINAL RECORDS CHECK AUTHORIZATION

THIS SECTION TO BE COMPLETED BY THE INDIVIDUAL SUBMITTING TO THE CRIMINAL RECORDS CHECK

922 KAR 1:490 REQUIRES EACH FOSTER AND/OR ADOPTIVE PARENT APPLICANT, AND EACH ADULT MEMBER OF THE APPLICANT'S HOUSEHOLD TO SUBMIT TO A CRIMINAL RECORDS CHECK AS A CONDITION OF APPROVAL.

PLEASE CHECK THE CATEGORY FOR WHICH THE CRIMINAL RECORDS CHECK IS BEING REQUESTED (CHECK ONLY ONE):

- DCBS Resource Parent Applicant
- Household Member of DCBS Resource Parent Applicant
- Child Placing Agency Foster or Adoptive Parent Applicant
- Household Member of Child Placing Agency Foster or Adoptive Parent Applicant
- Kinship Care Provider or Relative Caregiver Applicant
- Household Member of Kinship Care Provider or Relative Caregiver Applicant

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CRIMINAL RECORDS CHECK (please submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

PLEASE PRINT CLEARLY

First Name	
Middle Name	
Maiden Name (if applicable)	
Last Name	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity	
Social Security Number	
Present Address/City/State/Zip	
Previous Address/City/State/Zip	

I hereby authorize the Cabinet for Health and Family Services (CHFS) to conduct a fingerprint Criminal Records Check and release the results to the agency indicated below. I understand that the Kentucky State Police (KSP) will provide CHFS with any record I may have for a felony or misdemeanor conviction found in the files of The Kentucky Central Repository. I understand and know that the KSP will forward my fingerprint submissions to the Federal Bureau of Investigation (FBI) to conduct a National Crime Information Database (NCID) background check and that the FBI will provide the results of that check to CHFS. 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 KSP and its employees from any claim for damages arising from the dissemination of inaccurate information. I also release CHFS, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

Signature of the individual submitting to this Check

Date

Signature of Witness

Date



<i>This Section To Be Completed By The Child-Placing Agency Staff Or Cabinet Staff</i>	
Agency or Staff Representative's Name	
Agency or Staff Representative's Title	
Name of Child-Placing Agency or DCBS office	
Address	
City, State and Zip Code	
Telephone Number and Fax Number	
Check one: <input type="checkbox"/> I am an authorized representative of the private child-placing agency listed above and I understand that my agency will be charged a \$20.00 KSP fee and a \$19.25 NCID fee for a total fee of \$39.25, which my agency agrees to reimburse to CHFS. <input type="checkbox"/> I am an authorized representative of DCBS.	
Signature of Individual Requesting the NCID Check	Date

Regionally trained staff may fax this completed form to the Records Management Section at (502)564-9554.

<i>This section to be completed by Records Management Section:</i>	
<u>Results of the NCID Check</u>	
<input type="checkbox"/> No reportable incident found in accordance with 922 KAR 1:490.	
<input type="checkbox"/> A reportable incident was found and, in accordance with 922 KAR 1:490, the applicant shall not be approved. A criminal records check revealed that the applicant, or adult member of the applicant's household, has been convicted of a felony involving: <ul style="list-style-type: none">• Child abuse or neglect;• Spousal abuse;• A crime against a child or children (including child pornography);• A crime involving violence, including, but not limited to: rape, sexual assault, or homicide; or• Physical abuse or a drug or alcohol-offense within the five (5) year period prior to the application.	
<input type="checkbox"/> A reportable incident was found and, in accordance with 922 KAR 1:490, 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. A criminal records check revealed that the applicant or adult member of the applicant's household has been convicted of a nonviolent felony or misdemeanor (alcohol/drug or other) in the state of _____.	
<ul style="list-style-type: none">• When a criminal records check on an applicant or adult member of the applicant's household reveals a conviction for a nonviolent felony or misdemeanor on any charge other than a minor traffic offense, the social service worker interviews all personal references, including character references, and requests that the applicant provide evidence of rehabilitation by submitting:<ul style="list-style-type: none">▪ A statement from the appropriate justice agency attesting to the individual's rehabilitation;▪ A character reference from a person with good standing in the community (not a relative or close friend), or▪ A statement from an employer who is aware of the conviction and who can attest to the person's behavior since the conviction.	
Reviewed by:	
_____ Records Management Staff Personnel	_____ Date of NCID Check