



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
COA ACCREDITED AGENCY**

Matthew G. Bevin
Glisson
Governor

275 East Main Street, 3E-C
Frankfort, KY 40621
Phone (502) 564-6852
Fax (502) 564-4653
www.chfs.ky.gov

Vickie Yates Brown

Secretary

Contract Correspondence Transmittal (CCT)

CCT Number: 17-04	Date of Issue: 7/11/2017
Issuance: Division of Protection and Permanency, Assistant Director - Michelle Anderson <i>MLA</i>	
Key Words/Phrases: Background Checks for Applicants or Foster/Adoptive Parents, DPP-157 Form, 922 KAR 1:490 Update	
Attachments/Forms: DPP-157 Form	

922 KAR 1:490 was amended and filed as an emergency regulation. The regulation with the new forms became effective July 1, 2017. This administrative regulation establishes background check requirements for caretaker relatives, kinship caregivers, fictive kin, or applicants seeking to provide foster or adoptive services. The amendment to this administrative regulation adds fictive kin to the out-of-home care providers subject to background check requirements in accordance with 2017 Ky. Acts ch. 10. In addition, the amendment changes criteria for a child abuse and neglect check conducted by the Cabinet on a prospective out-of-home care provider. It now also includes any information on a near fatality related to child abuse or neglect and individuals pending administrative review to include matters still under investigation, assessment or appeal. The amendment clarifies application of background check requirements on new household members and updates material incorporated by reference, including addressing audit findings from the Federal Bureau of Investigation (FBI). Lastly, the amendment makes technical corrections in accordance with KRS Chapter 13A.

All providers should now begin submitting their requests to Records Management Section (RMS) on the new form with a revision date of 7/17 (see attached DPP-157). Beginning, August 15, 2017, RMS will no longer accept a request on the old form. If the old form is submitted, it will be returned to the requestor with an updated blank DPP-157 form.

If you have any questions regarding this clarification, please contact Gayle Learned via email (gayle.learned@ky.gov) or by telephone at (502) 564-6852, ext. 3608.



DPP-157
(R. 7/17)
922 KAR 1:490

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

Check One: <input type="checkbox"/> Initial w/fingerprints <input type="checkbox"/> Annual <input type="checkbox"/> New member w/fingerprints <input type="checkbox"/> Adoption only

**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.

- DCBS Foster/Adoptive Parent or Applicant
- Household member of DCBS Foster/Adoptive Parent or Applicant
- Child placing agency – Foster/Adoptive Parent or Applicant
- Child placing agency – Household member of Foster/Adoptive Parent or Applicant
- Respite Care Provider
- Out of State request

Personal information regarding the individual submitting a check.

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

Name: _____
(first) (middle) (maiden/nickname) (last)

Sex: _____ Race: _____ Date of Birth: _____ Social 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)

Use another sheet of paper, if necessary.

KentuckyUnbridledSpirit.com

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 <http://www.fbi.gov/about-us/cjis/background-checks>. 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 COMPLETION BY THE CHILD-PLACING AGENCY or CABINET STAFF

Name of child placing agency or DCBS office: _____

Name and title of representative: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Print Name: _____

(representative requesting information) (date)

Signature: _____
(representative requesting information) (date)

Mail 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**

**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: _____

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

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.

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 applicant 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 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 _____.

Reviewed by: _____

Records Management Staff Personnel

_____ Date of Check