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.

☐ Relative/Fictive Kin Caregiver
☐ Household Member of Relative/Fictive Kin Caregiver
☐ Adolescent Household Member of Relative/Fictive Kin Caregiver
☐ Out of State Request: State(s):_____

Personal information regarding the individual submitting a check.
Please list all of your residences for the last (5) five years. A post office box is not a residence.

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)

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 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 (date)*

_____

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) (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 E. Main St., 3E-G
Frankfort, KY 40621

***Authorization provided by applicant signature expires in 60 days.**

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Results of Child Abuse or Neglect Check

☐ 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

☐ 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 relative or fictive kin caregiver 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

☐ 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