DPP-157 07/21 922 KAR 1:490

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

BACKGROUND CHECK REQUEST FOR FOSTER OR ADOPTIVE APPLICANTS AND ADOLESCENT OR ADULT HOUSEHOLD MEMBERS

922 KAR 1:490 requires each applicant or foster or adoptive parent, and each adult household member not enrolled in KARES, to submit to a child abuse or neglect check, criminal records check, and sex offender registry check. 922 KAR 1:490 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 and annually thereafter. Please indicate if the check is initial or annual in the box above and check the appropriate category below.

Adolescent Household member of DCBS Foster/Adoptive Parent or Applicant

Child placing agency – Foster/Adoptive Parent or Applicant (Not required to be enrolled in KARES)

Child placing agency – Adolescent Household Member of Foster/Adoptive Parent or Applicant

Out of State request

Out of State Request for Non-Kentucky Resident (Adam Walsh Check)

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.



BACKGROUND CHECK FOR FOSTER OR ADOPTIVE APPLICANTS AND 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 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 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 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 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 hous	ehold member age 12	-17) requesting the chec	ck (date)*	
Signature of witness			(date)	
FOR COMPLETION BY THE CHILD PLACING	AGENCY or CABI	NET STAFF		
Name of child placing agency or DCBS office:				
Name and title of representative:				
Address:				
City:	_ State:	Zip Code:		
Phone:				
Email Address to Receive Encrypted Results:				
Signature:				
(representative requesting information)		((date)	
Send the completed form to: Email: CHFSDCBS.RMS@l	ky.gov			
Cabinet for Health and Family Services				
Department for Comm	unity Based Services			
Records Management	Section			

* Authorization provided by applicant signature expires in 60 days

275 E. Main St., 3E-G Frankfort, KY 40621

BACKGROUND CHECK FOR FOSTER OR ADOPTIVE APPLICANTS AND HOUSEHOLD MEMBERS

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					
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 3(4), the applicant 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. 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					
nonviolent leiony of misdemedilor (deconol/drug of other) in the state of					
Deviewed have					
Reviewed by: Data of Check					
Records Management Staff Personnel Date of Check					