

UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF LICENSING  
195 North 1950 West, Salt Lake City, Utah 84116

**CBS USE ONLY**

**Legal Guardian Consent for YOUTH BACKGROUND SCREENING APPLICATION for all service providers ages 12-17 NOT living in foster/adoptive homes and not receiving services. This includes SAS & DSPD Certified Providers.**

- New Applicant
- Renewal – has a current approved screening
- Transfer current approved screening from:

<b>1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE</b>					
This section refers to the Youth Provider. Missing information or unreadable applications will be returned unprocessed.					
Youth's Legal First Name:		Youth's Given Middle Name: <i>Indicate if middle name is an initial only. Use N/A if no middle name.</i>		Youth's Legal Last Name:	
List ALL Alias Names:					
Date of Birth: ____ / ____ / ____ MM DD YYYY		Last four digits of Social Security No.: _____		Phone Number: (     )	
Mailing Address:			City:	State:	Zip Code:
<b>2. Has the youth ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, youth completed a plea in abeyance or diversion program, whether the youth pled guilty or not guilty to an offense, or if the youth are waiting to enter a plea to the court.</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.			
<b>3. Has the youth ever been investigated for committing child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.			
<b>4. I authorize the Utah Department of Human Services Office of Licensing to investigate the youth provider's past and present child and adult abuse, neglect and exploitation records, law enforcement, juvenile court, driver license, and any information which may be pertinent to the youth's application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify the youth's answers contain no misrepresentations or falsifications, and the information is true and complete. I understand that providing false or inaccurate information or failing to provide information may result in the youth provider's background screening being denied.</b>					
Print Parent/Guardian Name:					
Parent/Guardian Signature:				Date:	
<b>TO BE COMPLETED BY PROGRAM REPRESENTATIVE</b>					
Please visit our website for full information and instructions prior to signing. <a href="http://www.hslic.utah.gov">www.hslic.utah.gov</a>					
<b>5. Program Representative please check which form of identification that was verified.</b>					
<input type="checkbox"/> Driver License <input type="checkbox"/> Social Security Card <input type="checkbox"/> State ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School ID					
<i>If applicable:</i>	Issuing Agency	ID Number	Expiration date	MM/DD/YY	Circle Gender Male      Female
Program Name:				Phone:	
Mailing Address:			City:	State:	Zip Code:
<b>6. I certify that I have inspected the applicant's social security card and state driver license or state identification card issued by the Driver License Division and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.</b>					
Signature of verifying representative:				Date:	
<b>SAS ONLY: CLIENT NAME:</b>				<b>CLIENT NO:</b>	
<b>For Office of Licensing Use Only</b>					
<b>FBI:</b>			<b>DHS/Office of Licensing Screening Approval Date:</b>		