

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

CBS USE ONLY

BACKGROUND SCREENING APPLICATION
For Programs Licensed to Provide Services to Children or Vulnerable Adults
Foster, Proctor, Professional Parents & Adoptive Parent for a Child in State Custody
And DSPD Certified Providers

APPLICANT AUTHORIZATION AND RELEASE

Instructions: This section to be completed by the Applicant. Incomplete/illegible applications will be returned. Incomplete means missing information. Illegible means unreadable. Applications submitted without a copy of a social security card and a copy of a current valid state driver license or state identification card issued by the Division of Motor Vehicles will be returned. Please use colored ink (no black or light pastel colors).

1. Applicant Information			
FULL First Name		FULL Middle Name (as it appears on your birth certificate), Indicate if middle name is an initial only. Use NA if no middle name.	Last Name
ALL Alias, Maiden & Previous Married Names			
Social Security No. _____ - _____ - _____		Date of Birth _____ / _____ / _____	Area Code & Phone Number
Mailing Address		City	State
			Zip Code
2. I authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any all information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Rule 501-14. I authorize the release of any and all information. I release the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete to the best of my knowledge. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied.			
Applicant Signature			Date
Applicant Section Continued on Page 2			

LICENSED PROGRAM CERTIFICATION AND RELEASE

This section to be completed by the Foster Care Licensor or the Authorized Representative for the Licensed Program. Complete all fields. Incomplete/illegible applications or applications submitted without a copy of a social security card, a copy of a current valid state driver license or state identification card issued by the Division of Motor Vehicles will be returned. Machine print or use colored ink (no black or light pastel colors).

3a. Is the applicant applying to provide foster, proctor or professional parent services?		CPF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3b. Is the applicant applying for the first time to provide foster, proctor or professional parent services for a child in state custody, or for the first time under a new or different agency, or to adopt a child in state custody?		AW	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3c. If the applicant is another adult living in the home, the full name of the Main Provider is _____				
If yes to 3b. State and federal legislation require compliance with fingerprint-based checks of national crime information databases, and/or state child abuse registries for prospective foster, proctor, or adoptive parents of a child in state custody. Make an appointment for a fingerprint live scan at any one of the DCFS Region Live Scan locations (see list at: http://www.hslic.utah.gov/docs/live_scan_sites.pdf) and present this completed form along with a money order or cash only for the exact amount of \$10 scanning fee for each applicant.				
I certify that I have inspected the applicant's state driver license or state identification card, it does not appear to have been forged or altered, and the copy appears to be identical to the original. The state driver license or state identification card copy and the social security card copies are attached. 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.				
Program Type - Circle all that apply.				
Foster Care Child Placing Agency Adam Walsh Compliance Employee Residential Treatment DSPD Certified Provider Other: _____				
Program Name				
Mailing Address		City	State	Zip Code
Print Program Representative/DHS Licensor (foster care only) Name				Phone
Signature (must be original)				Date

DO NOT WRITE OR MARK IN THE SPACE BELOW. THIS SPACE IS FOR CBS USE ONLY. STAMPS BELOW DESIGNATE APPROVAL.

PL 109-248 Adam Walsh Child Protection Act	PL 109-248 CAN Out-of-State Child Abuse & Neglect	62A-2-120 Criminal	LIS-C Utah Child Abuse	MIS-A Utah Adult Abuse
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APPLICANT INFORMATION CONTINUED

Full First Name: _____ Last Name: _____ Social Security Number: _____ / _____ / _____

Instructions: Read each box. Answer the following questions. Use the back of this page or attach another page if you need more space. Use blue, purple or green ink (no black or pastel ink).

A crime is any unlawful activity; an act committed in violation of a law forbidding it; an act that is punishable upon conviction; any infraction, misdemeanor or felony. Disclose ALL CRIMINAL OFFENSES even if they were later dismissed or you completed a plea in abeyance or diversion program whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.

4. Have you ever been charged with a crime by any law enforcement authority?	
<input type="checkbox"/> Yes	If yes to 4, please attach a certified court docket 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 to the Office of Licensing for background screening, please use the space below to write the charge, court, and date.
<input type="checkbox"/> No	

An investigation for child or adult abuse includes an examination of events related to child abuse, neglect, or adult abuse or neglect or exploitation conducted by Child Protective or Adult Protective Services.

5. Have you ever been investigated for child or adult abuse?		
<input type="checkbox"/> Yes	If yes to 5, please attach your written explanation of the investigation including how it started and how it ended. Provide the names, dates, Location (and the case number if known).	
<input type="checkbox"/> No		
6. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive weeks in a foreign country or U.S. Territory?		
<input type="checkbox"/> Yes	If yes, list each country separately and attach a criminal history report from each country. See Instructions for information on criminal history report requirements.	
<input type="checkbox"/> No		
COUNTRY	FROM month/year	TO month/year

7. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive weeks in a U.S. state besides Utah?				
<input type="checkbox"/> Yes	If yes, list each state separately. For California please include the full address for each residence.			
<input type="checkbox"/> No				
STATE	COUNTY	FROM month/year	TO month/year	Was this your residence?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

California information (if applicable)				
If yes to 7. you must complete a nation-wide fingerprint based background check. Please choose one of the options: Option 1 - Submit with this application a money order, cashier's check or program company check for \$34.25 for each applicant payable to the Department of Human Services to receive an authorization from the Office of Licensing for the applicant to present at the time of electronic fingerprint submission. Option 2 - Submit two completed fingerprint cards with this application and a money order, cashier's check or company check for \$34.25 for each applicant payable to the Department of Human Services for the hard copy fingerprint card to be electronically scanned at the Department of Public Safety.				
8. You are finished! Please check your application to make sure we can read it easily and that you have attached information as instructed. Thank you.				

IMPORTANT INFORMATION FOR AUTHORIZED PROGRAM REPRESENTATIVES and LICENSORS

WANT TO SPEED UP THE BACKGROUND SCREENING? Read these tips and follow them.

Consult the Office of Licensing website for instructions and direction. www.hslc.utah.gov. Follow the links to background screening.

Read the Instructions on the application and on the website. You can find the Instructions link where you find the application link.

Download the background screening application from the website only. Do not create your own version of this application.

Read the application after the applicant finishes it. Be sure the applicant's "Yes" answers are complete and required information is attached.

All information is complete, accurate, and legible. Pages 1 and 2 remain separate. No back-to-back (two sided) printing.

Copies are easily readable: Social Security Card. Driver License. State Identification Card. Court records. Written explanations.

Out-of-Country criminal background checks require an **original** letter of honorable release from the U.S. military or full-time ecclesiastical service from each country lived in, or **call** the country's embassy in Washington, D.C. for instructions on obtaining the criminal history check.

If an applicant whose background screening is still in process becomes no longer associated with your program, please fax us notice on letterhead stationery. Background Screening Unit fax: 801-538-4669.

Any questions? Call your licensor, your background screening technician or the Office of Licensing receptionist at 801-538-4242. Thank you.