DHS OL
February 2015

CBS USE ONLY

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

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

1. **APPLICANT INFORMATION, AUTHORIZATION AND RELEASE**

Instructions: This section to be completed by the Applicant. Read each box and answer the following questions. Use the back of this page or attach another page if you need more space. Incomplete (missing information) and/or illegible (unreadable) applications will be returned.

First (given) Name:	Middle Name as it appears on your birth certificate: (**No Maiden Name.** Indicate if middle name is an initial only. Use N/A if no middle name.)	Last Name:

ALL Alias, Maiden & Previous Married Names:

Date of Birth _____ / _____ / _____	Social Security No. _____ - _____ - _____	Phone Number: ( )

Mailing Address:	City:	State:	Zip Code:

2. Have you ever been **charged** with a crime by any law enforcement authority? **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.

□ Yes □ No	If yes to 2, 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.

3. Have you ever been investigated for child or adult abuse or neglect by Child Protective or Adult Protective Services?

□ Yes □ No	If yes to 3, please attach complete certified 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.

4. 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?

□ Yes □ No	If yes to 4, list each country separately and attach an original criminal history report from each country or an original letter of honorable release from the U.S. military or full-time ecclesiastical service from each country lived in.

COUNTRY	FROM month/year	TO month/year

5. 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?

□ Yes □ No	If yes, list each state separately.

STATE	COUNTY	FROM month/year	TO month/year

If yes to 5, or you hold an out of state driver license or out of state I.D. Card, you must complete a nation-wide fingerprint based background check. Submit two professionally rolled, complete fingerprint cards with this application and a money order, cashier's check or company check for $34.75 for each applicant payable to the **Department of Human Services**.

6. 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 have reviewed and verified the accuracy of this background screening application. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied.**

Applicant Signature	Date

Program Name: _____

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

BACKGROUND SCREENING APPLICATION – Page 2

To be completed by Program Representatives or Foster Care Licensor

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

APPLICANT Identification Information	Circle Valid Identification Type Driver License State ID	Issued by (State) See #5	ID Number	Expiration date

LICENSED PROGRAM CERTIFICATION AND RELEASE Complete all fields. Incomplete/illegible applications will be returned.
Program Type - Circle all that apply for this applicant. Adam Walsh Adoption Child Placing DSPD Certified Provider Employee Foster Care Residential Treatment Other:_____

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Services for a child in state custody		
7a. Is the applicant applying to provide foster, proctor or professional parent or adoptive services for a child in state custody?	☐ Yes	☐ No
7b. If the applicant is the spouse or another adult living in the home, the full name of the **Main Provider** is_____		
7c. Is this a first-time application to provide services for a child in state custody with this facility / licensor?	☐ Yes	☐ No
If yes to 7c. 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. Have the applicant 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.		

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Program Name			
Mailing Address	City	State	Zip Code
Print Program Representative or DHS Licensor (foster care only) Name			Phone
8. 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, 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.			
Signature (must be original)			Date

IMPORTANT INFORMATION AND INSTRUCTIONS

Updated information or forms may be found at our website: www.hslic.utah.gov

- Download the Background Screening Application from the website ONLY.

All information must be accurate, legible and complete. Please no two sided (back to back) applications.

- Answering YES to questions #2, #3, #4 or #5 requires additional documentation. See each question for clarification or requirements. Applications will be returned unprocessed if all required documentation is not attached.

Please observe a two-week time period before requesting the status of submitted applications.

If an applicant is no longer associated with your facility, please fax us a notice on your company letterhead to the Background Screening Unit fax: 801-538-4669.

Please contact your licensor for any changes to your mailing address or facility name.

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