

Consent for Release of Information Child Foster Home



Name of DD-Child Foster Home: _____

Return to: _____
(Name of licenser and DD Program) (County)

I hereby authorize The Department of Human Services to conduct a (CPS) Child Protective Services Background Check for any child abuse/neglect records and foster home certification records regarding myself. The information check will also review the status of my use of public financial resources and Support Enforcement Division (SED) involvement.

I understand that the information received will remain confidential and any concerns found will be discussed confidentially with the licenser.

Applicant (Print name): _____
Date of birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Co-Applicant (Print name): _____
Date of birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Please note: DHS cannot require your Social Security number on this form. However, failure to provide it may impact our ability to proceed with your request for foster home certification or other position working with foster children with developmental disabilities.

For Office Use Only

- | | |
|---|---|
| Applicant: DHS/CPS history | Co-applicant: DHS/CPS history |
| <input type="checkbox"/> Individual cleared on DHS/CPS | <input type="checkbox"/> Individual cleared on DHS/CPS |
| <input type="checkbox"/> DHS/CPS screens indicate concerns | <input type="checkbox"/> DHS/CPS screens indicate concerns |
| <input type="checkbox"/> Not enough information to process. | <input type="checkbox"/> Not enough information to process. |

Findings: _____

CPS check completed by: _____ Date: _____