DPP-157
10/24
922 KAR 1:490

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

___Adolescent Check
___Out of State Check
___Initial w/fingerprints
___Initial w/o/fingerprints
___Reevaluation

BACKGROUND CHECK REQUEST FOR ADOLESCENT OR CABINET EXEMPT HOUSEHOLD MEMBERS OR INDIVIDUALS NOT ENROLLED IN KARES

922 KAR 1:490 requires adolescent members of households (age 12 through 17), cabinet exempt household members, or individuals not required to be enrolled in KARES 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
☐ DCBS independent or non-independent adoption applicant
☐ Household member with approved Cabinet exemption (approval attached)
☐ 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

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)

Have you lived in another state in the last 5 years? ☐ Yes ☐ No

Please list previous addresses for the last 5 years

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 ADOLESCENT OR CABINET EXEMPT HOUSEHOLD MEMBERS OR INDIVIDUALS NOT ENROLLED IN KARES

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 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.

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 household member age 12-17) requesting the check (date)*

_____

Signature of witness (date)

FOR COMPLETION BY THE CHILD PLACING AGENCY or CABINET STAFF

Name of child placing agency or DCBS office: _____
Name and title of representative: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email Address to Receive Encrypted Results: _____
Signature: _____
(representative requesting information) (date)

Send the completed form to: **Email: CHFSDCBS.RMS@ky.gov**

Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 E. Main St., 3E-G
Frankfort, KY 40621

*** Authorization provided by applicant signature expires in 60 days**

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BACKGROUND CHECK FOR ADOLESCENT OR CABINET EXEMPT HOUSEHOLD MEMBERS OR INDIVIDUALS NOT ENROLLED IN KARES

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.

Reviewed by: _____ _____

Records Management Staff Personnel Date of Check