

Child Protective Services (CPS) Background Clearance Form for Youth Camp Personnel Administrator
(See separate instructions for camp employees.)

USE NEW FORM: CPS/Adam Walsh Background Request Form, dated 02/2016. Do not use the old form, it will not be processed. Also, complete the form on a computer, then print and sign before a notary. Handwritten forms will be returned to the sender.

MAILING INSTRUCTIONS: For 2016, instead of mailing the forms to the local Social Services, the Maryland Department of Human Resources (DHR) will process the background clearances for Youth Camp employees or personnel administrators. **KEEP A COPY OF COMPLETED FORMS.**

Mail the original to:
Maryland Department of Human Resources
Social Services Administration
In-Home Services
311 W. Saratoga Street, Room 553
Baltimore, MD 21201

Other helpful hints:

Provide Social Security number (if issued), family member information, race, etc., on the form, **all of this information is needed to complete an accurate search.**

There is no fee from DHR for this service.

For an applicant under 16, the form must also be signed by a parent or guardian and notarized.

Sign in blue ink.



State of Maryland-Child Protective Services Program

CONSENT FOR RELEASE OF INFORMATION

CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

*****PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT*****

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- Adoption, School Personnel, Day Care Center, Youth Camp Personnel Administrator, Foster Care, Institutional Employee, Family Day Care, Youth Camp Worker/Volunteer, Kinship Care, CASA, Community Mgmt. Entity, Other (Specify)
International Adoption, Custody Evaluation, Group Home/Residential Treatment Facility

Agency/Individual Name, Name of Agency Representative, Agency Address, Representative's Phone Number, Representative's Email

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME, FIRST NAME, MIDDLE NAME (Full), MAIDEN/BIRTH NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, SEX, RACE, OTHER NAMES USED

NUMBER, STREET NAME, UNIT TYPE/#, CITY, STATE, ZIP CODE, DAYTIME TELEPHONE NUMBER, EMAIL ADDRESS

CURRENT SPOUSE, LAST NAME, FIRST NAME, MIDDLE NAME (Full), DATE OF BIRTH

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you), LAST NAME, FIRST NAME, MIDDLE NAME (Full), DATE OF BIRTH

Have you lived in Maryland in the past? Yes No Have you worked or volunteered in Maryland in the past? Yes No

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHR) to notify *(agency or individual as listed in Part I)* as to whether a local department of social services has identified me as responsible for “indicated” child abuse or neglect in any record maintained by the Maryland Department of Human Resources, any local department of social services, and Child Protective Services.

*******STOP*****REVIEW THAT ALL SECTIONS ARE COMPLETE*******
*******PRINT THIS FORM BEFORE PROCEEDING TO PART IV*******

PART IV: SIGNATURE *(If Applicant is under age 16, must be signed by Applicant’s parent/guardian)*

DATE

<i>(Print name of signature above)</i>	

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

City/County of: _____ State of: _____

Acknowledged before me this _____ day of _____, 20 ____.

 NOTARY PUBLIC

My commission expires: _____.

PART VI: BACKGROUND CLEARANCE FINDINGS (for Local Department or DHR use only)

	Applicant's Name:	MD CHESSE ID#:
<input type="checkbox"/>	1. Active investigation	
<input type="checkbox"/>	2. Sent to DHR or Local Department of Social Services:	Name:
		Date:
<input type="checkbox"/>	3. We have determined that _____ is listed in the state's database as being responsible for an <input type="checkbox"/> Indicated / <input type="checkbox"/> Unsubstantiated disposition of <input type="checkbox"/> Abuse / <input type="checkbox"/> Neglect in reference to an investigation conducted in _____ by _____. Child Protective Service Investigation #: _____. (Unsubstantiated findings may only be released to the MSDE Office of Child Care.)	
<input type="checkbox"/>	4. Holding for appeal	
<input type="checkbox"/>	5. Notification sent to Applicant on _____	
<input type="checkbox"/>	6. As of this date, _____ the individual whose name was being searched is NOT identified in the state's system.	