AUTHORIZATION FOR BACKGROUND CHECK AND

TO RELEASE FINDINGS

INSTRUCTIONS: Print or type all information in Part I (pages 1 & 2), then sign and date.

**NOTICE: The following information is required to be provided. Any false statements made herein are subject to penalty of false swearing and are punishable by law (HRS §710-1062).**

**PART I: (To be completed by the Applicant)**

**A. By submitting this authorization form, I give my permission to:**

1) The **Department of Human Services, Benefit, Employment and Support Services Division** to obtain and review records of criminal history which I may have, and to obtain and review records I may have that indicate a history of abuse, neglect, threatened harm, or other maltreatment against children and/or adults; and

2) The **Department of Human Services, Social Services Division** to release information about me to the **Department of Human Services, Benefit, Employment and Support Services Division**, regarding any history I may have of confirmed abuse, neglect, threatened harm, or other maltreatment against children and/or adults.

**B. Personal Information:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Applicant’s Full Name LAST FIRST MIDDLE

|  |  |  |
| --- | --- | --- |
|  |  |  |

Address Primary Phone

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

City State Zipcode Secondary Phone

|  |  |
| --- | --- |
| Other names, aliases, or former names, including maiden name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Social Security Number Date of Birth Place of Birth Country of Citizenship

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  |  |  |  |  |

Female Race Height Weight Eye Color Hair Color

**Mark only one box per question:**

1. Purpose:  Child Care Licensing/Registration  Child Care Subsidy

2. I am a  Provider  Household Member  Staff Member/Employee

|  |  |  |
| --- | --- | --- |
| Child Care Provider/Facility Name & Phone # | |  |
| Subsidy Client Name (if applicable) |  | |

Relationship to child(ren) for whom providing care (for subsidy cases)

|  |  |
| --- | --- |
| Unrelated  Related: how are you related (i.e. aunt, cousin, etc.) |  |

**C. I have the following history: (mark only one)**

I have never been convicted of a crime.

I have been convicted for the crimes listed below: (Exclude traffic violations involving a fine of $50 or less.)

DATE & PLACE OF CONVICTION OFFENSE SENTENCE/DISPOSITION/FINE

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**D. I understand and agree to the following, as indicated by my initials in the spaces provided:**

The purpose of this background check is to enable the Department of Human Services, Benefit,

(initial) Employment and Support Services Division to review my records for any history of abuse, neglect, threatened harm, or other maltreatment against children and/or adults and for any criminal history, which shall include a check of the State Sex Offender Registry and the National Sex Offender Registry, in order to determine if I may pose a risk to children in my care as a child care provider, as a household member residing with a family or group child care home provider, or as a staff member of a child care facility, and is authorized by Hawaii Revised Statutes (HRS) §346-154 and §346-152.5.

Child abuse and neglect records and adult abuse and neglect records are confidential pursuant to HRS

(initial) §346-10, §346-225, and §350-1.4, and cannot be disclosed without my written consent unless otherwise permitted by federal or state regulations, or a court order. The Hawaii Administrative Rules that provide for disclosure of these records include chapters 17-601, 17-1401.1, and 17-1601.

\_\_\_\_\_\_If I have any criminal history and/or any history as a confirmed perpetrator of child abuse and neglect

(initial) or adult abuse and neglect that poses a risk to children in care, I, or the provider I work for or reside with, will be deemed ineligible to operate a licensed child care facility or registered home, to be employed in a licensed child care facility, or to be a child care provider for clients who receive child care subsidies from the Department of Human Services, in accordance HAR chapters 17-798.2, 17-891.1, 17-892.1, 17-895, and 17-896.

\_\_\_\_\_\_The Department of Human Services may disclose to the child care provider or client named in part B a

(initial) general written statement (**page 2 of this form, and/or by letter**) that the reason the provider is deemed ineligible for child care licensing or registration, or the client is deemed ineligible for child care subsidy, is due to my criminal history or child or adult abuse and neglect history.

The Federal Bureau of Investigation and the Hawaii Criminal Justice Data Center shall retain copies of (initial) any samples of my fingerprints that may have been submitted as part of this background check.

This authorization is valid for one year from the date signed below.

(initial)

**E. By signing below, I acknowledge that I have read and understood everything on this form and agree to all its terms and conditions. I declare under penalty of false swearing that the information I have provided on this form is true and correct and complete.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Applicant Name (Print) Signature Date

**PART II: (To be completed by Clearance Worker (CW) – DHS &/or Contractor) Mark only one box for each result**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CW Initial and** | **Contract CW Name:** | | **DHS CW Name:** | |
| DATE COMPLETED | TYPE OF BACKGROUND CHECK | NO RECORD FOUND | RECORD FOUND / DISPOSITION | |
| CLEARED | POSES A RISK |
|  | FEDERAL FINGERPRINTING - FBI |  |  |  |
|  | NATIONAL SEX OFFENDER REGISTRY |  |  |  |
|  | STATE FINGERPRINTING - HCJDC |  |  |  |
|  | STATE NAME - CJIS |  |  |  |
|  | STATE SEX OFFENDER REGISTRY |  |  |  |
|  | CHILD ABUSE/NEGLECT - CPSS |  |  |  |
|  | CHILD ABUSE/NEGLECT – Perp. List |  |  |  |
|  | ADULT ABUSE/NEGLECT - APS |  |  |  |

|  |  |
| --- | --- |
| **PART III: (To be completed by DHS)** A. Staff Name: |  |

Requesting DHS Office & Address:

(Office stamp here)

|  |  |  |
| --- | --- | --- |
| B. | Applicant’s Name: |  |

|  |  |  |
| --- | --- | --- |
| C. | Application Date: |  |

D. Purpose of background check (mark only one):

Child Care Licensing/Registration

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child Care Subsidy for: |  |  |

(Client name) (Phone number)

|  |  |  |
| --- | --- | --- |
|  | Relationship to child(ren) for whom care is being provided: |  |

E. Type of background check (mark all that apply):

Initial State & Federal Fingerprint Checks

Initial State Name Check, State & National Sex Offender Registry Checks, Adult Abuse/Neglect Check, Child Abuse/Neglect Check (CPSS & Perpetrator List)

Annual State Name Check, State & National Sex Offender Registry Checks, Adult Abuse/Neglect Check, Child Abuse/Neglect Check (CPSS & Perpetrator List)

F. This background check applicant is (mark only one):

A child care provider

A household member residing in a licensed family or group child care home or license-exempt provider:

|  |  |
| --- | --- |
|  |  |

(Name of the home provider)

|  |  |  |
| --- | --- | --- |
|  | A staff member of a child care facility: |  |

(Name of child care center)

**PART IV: (To be filled in by Contract Clearance Worker completing the background checks)**

Part II Completed & results entered in HANA  Forward to BESSD Clearance Unit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Clearance Worker Name (Print) Clearance Worker Signature Date

**PART V: (To be filled in by BESSD Clearance Worker completing the background checks)**

Part II Completed & results entered in HANA  Returned to Contractor Unit or

Filed in BESSD Unit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Clearance Worker Name (Print) Clearance Worker Signature Date