

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 |
| <input type="checkbox"/> Male | | | |
| <input type="checkbox"/> 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. I hereby
 authorize the Department to review any records that may exist under any additional aliases which I have
 not disclosed that are discovered by or known to the Department.

_____ 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, 17-799,
 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) Mark only one box for each result

| CW Name: | | CW Name: | |
|-------------------|--------------------------|----------------------------|--------------------------|
| DATE COMPLETED | NO RECORD FOUND | RECORD FOUND / DISPOSITION | |
| | | CLEARED | POSES A RISK |
| BACKGROUND CHECKS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART III: To be completed by DHS/Contractor A. Staff Name: _____

Requesting Office & Address:
(Office stamp here)

B. Applicant's Name: _____

C. Application Date/Referral 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)

Other (specify checks needed): _____

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 completed by Fingerprinting Agency/DHS Staff for manual and electronic fingerprints.

Type of ID Checked & ID No.

Fingerprint Agency/DHS office

Phone #

Fingerprinter Name (Print)

Fingerprinter Signature

Date Fingerprints Taken:

If manual fingerprints collected, please seal two (2) fingerprint cards in envelope marked "Fingerprint cards – Only HCJDC To Open" to preserve the chain of custody. Then place the envelope with the fingerprint cards in the stamped envelope to be mailed to HCJDC at: Attn: CHRC, Hawaii Criminal Justice Data Center, Department of the Attorney General, 465 South King Street, Room 101, Honolulu, HI 96813

If HCJDC has questions, please contact:

Staff Name: _____

Requesting DHS Office & Address:
(Office stamp here)

For HCJDC

Staff email: _____