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
The National Center for Children and Families	Mia Kim

Agency Address *(To include street # and name, unit type and #, city, state and zip code)*	Representative's Phone Number
6301 Greentree Rd, Bethesda, MD 20817	301 - 365 - 4480 x 124

Representative's Email: mkim@nccf-cares.org

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
- -		☐ Male ☐ Female	

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

If more than 3 children, attach additional paper if necessary.

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

If yes to either question, from what years:

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 The National Center for Children and Families *(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**

(Print name of signature above)	

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 CHESSIE ID#:
☐	1. Active investigation	
☐	2. Sent to DHR or Local Department of Social Services:	Name:
		Date:
☐	3. We have determined that _____ is listed in the state's database as being responsible for an ☐ Indicated / ☐ Unsubstantiated disposition of ☐ Abuse / ☐ Neglect in reference to an investigation conducted in _____ by _____. Child Protective Service Investigation #: _____. *(*Unsubstantiated findings may be released to the Office of Child Care in connection with an application to provide child care or work in a child care facility or to an individual requesting release of information to him or herself.)	
☐	4. Holding for appeal	
☐	5. Notification sent to Applicant on	
☐	6. As of this date, _____the individual whose name was being searched is NOT identified in the state's system.	

State of Maryland - Child Protective Services Program

CONSENT FOR RELEASE OF INFORMATION/BACKGROUND CLEARANCE SUMMARY REQUEST

Part I: SEARCH INFORMATION *(To be completed by the local department of social services)*

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH

INVESTIGATION #	**INVESTIGATION COMPLETED DATE**	**FINDING**	**COUNTY**

Part II: AUTHORIZATION *(To be completed by the applicant)*

Pursuant to Maryland Code of 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 release a summary of the "indicated" or "unsubstantiated"* finding to:

*Unsubstantiated findings may be released to the Office of Child Care only

Agency/Individual Name *(Please print legibly)*	Name of Agency Representative
The National Center for Children and Families	**Mia Kim**

Agency Address				Representative's Phone Number
6301 Greentree Rd	**Bethesda**	**MD**	**20817**	**301-365-4480 x124**
Street Address	City	State	Zip Code	

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

(Print name of signature above)	

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: _____.