

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHLDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

**CHILDLINE USE ONLY**

DATE RECEIVED BY CHILDLINE

## SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME  
  
STREET  
  
CITY, STATE  
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

### PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)	(FIRST, MIDDLE, LAST)
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### PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP \_\_\_\_\_ CAO PHONE NO \_\_\_\_\_

### PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.
2.
3.
4.

### HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

## SECTION II RESULTS OF HISTORY CHECK

APPLICANT IS **NOT** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.       APPLICANT **IS** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER \_\_\_\_\_ DATE \_\_\_\_\_ VERIFIER'S SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

## SECTION III

## VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

\_\_\_\_\_ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

**It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.**

## PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

## PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

## FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

\_\_\_\_\_  
VERIFIER\_\_\_\_\_  
DATE\_\_\_\_\_  
VERIFIER'S SUPERVISOR\_\_\_\_\_  
DATE

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM  
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, \_\_\_\_\_ (Applicant's Name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to Saints John and Paul Parish (Name of Requesting Agency).

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by the Saints John and Paul Parish (Name of Requesting Agency) without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me \_\_\_\_\_ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from Saints John and Paul Parish (Name of Requesting Agency) upon written request.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

June 30, 2010

Date

\_\_\_\_\_  
Applicant's Signature

Saints John and Paul Parish

Parish/School Name

2586 Wexford Bayne Road

No and Street

Sewickley, PA 15143

City State Zip Code