



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:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Youth Camp Personnel Administrator |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Youth Camp Worker/Volunteer |
| <input type="checkbox"/> Kinship Care | <input type="checkbox"/> CASA | <input type="checkbox"/> Community Mgmt. Entity | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> International Adoption | <input type="checkbox"/> Custody Evaluation | <input type="checkbox"/> Group Home/Residential Treatment Facility | |

Agency/Individual Name

Name of Agency Representative

Agency Address (To include street # and name, unit type and #, city, state and zip code)	Representative's Phone Number
	- - X
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			
- -		<input type="checkbox"/> Male <input type="checkbox"/> Female				
OTHER NAMES USED						
NUMBER	STREET NAME	UNIT TYPE/#	CITY	STATE	ZIP CODE	COUNTRY
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 <i>(List all within the past 7 years in Maryland.)</i>					
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 CHESSIE 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 #: _____. <i>(Unsubstantiated findings may only be released to the MSDE Office of Child Care.)</i>	
<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.	