

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

Check One (DCBS Staff Only):
____ Initial w/fingerprints
____ Initial
____ wo/fingerprints
____ Annual
____ Adoption only

BACKGROUND CHECKS FOR APPLICANTS
OR FOSTER/ADOPTIVE PARENTS

922 KAR 1:490 requires each applicant or foster or adoptive parent, and each adult household member to submit to a child abuse or neglect check, criminal records check, and sex offender registry check. 922 KAR 1:490 also requires that adolescent members of households (age 12 through 17) submit to a child abuse or neglect check. Checks should be completed prior to initial approval and annually thereafter. Please indicate if the check is initial or annual in the box above and check the appropriate category below.

- ☒ DCBS Foster/Adoptive Parent or Applicant
☐ Household member of DCBS Foster/Adoptive Parent or Applicant
☐ Child placing agency – Foster/Adoptive Parent or Applicant
☐ Child placing agency – Household member of Foster/Adoptive Parent or Applicant
☐ Respite Care Provider
☐ Out of State request

Personal information regarding the individual submitting a check.
Please list your addresses for the last five years. Use another sheet of paper, if necessary.

Name: Holly Murie Stone
(first) (middle) (maiden/nickname) (last)

Sex: F Race: W Date of Birth: 10-2-85 Social Security Number: 403-39-7675

Present Address:
982 Fredericksburg Rd Lex. Ky 40504
(street address) (city) (state) (zip code)

Previous Address:
438 Duell Dr. Versailles Ky 40383
(street address) (city) (state) (zip code)

Previous Address:
2777 Goldenrod Ln Lex Ky 40511
(street address) (city) (state) (zip code)

Previous Address:

(street address) (city) (state) (zip code)

Use another sheet of paper, if necessary.