

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 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 CHILDLINE 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, OR (TOLL FREE) 1-877-371-5422.

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|----------------------------|
| CHILDLINE USE ONLY |
| DATE RECEIVED BY CHILDLINE |

SECTION I **APPLICANT IDENTIFICATION**

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

| | | | | | | | | | | |
|--|--|------------------------|--|--|-----|---------------|-------------------|--|--|--------------------|
| NAME STREET CITY, STATE ZIP CODE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX <input type="checkbox"/> M <input type="checkbox"/> F</td> <td>COUNTY YOU LIVE IN</td> </tr> </table> | SOCIAL SECURITY NUMBER | | | AGE | DATE OF BIRTH | DAYTIME PHONE NO. | SEX <input type="checkbox"/> M <input type="checkbox"/> F | | COUNTY YOU LIVE IN |
| SOCIAL SECURITY NUMBER | | | | | | | | | | |
| AGE | DATE OF BIRTH | DAYTIME PHONE NO. | | | | | | | | |
| SEX <input type="checkbox"/> M <input type="checkbox"/> F | | COUNTY YOU LIVE IN | | | | | | | | |

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

| | |
|---|--|
| <p style="text-align: center;">PURPOSE OF CLEARANCE (Check ONE block ONLY)</p> <p><input type="checkbox"/> Child Care Services Employee</p> <p><input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> School Employee</p> <p><input type="checkbox"/> Employment with a significant likelihood of regular contact with children</p> <p><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 FD-258).</p> <p><input type="checkbox"/> DPW Employment & Training Program Participant <small>(signature required below)</small></p> | <p style="text-align: center;">PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)</p> <p>1. (LAST, FIRST, MIDDLE)</p> <p>2. (LAST, FIRST, MIDDLE)</p> <p>3. (LAST, FIRST, MIDDLE)</p> <p>4. (LAST, FIRST, MIDDLE)</p> <p>5. (LAST, FIRST, MIDDLE)</p> |
| SIGNATURE OF OIM/CAO REPRESENTATIVE _____ OIM/CAO PHONE NUMBER _____ | |

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____

2. _____

3. _____

4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

| NAME (Last, First, Middle) 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 | |
|--|------------------|--|------------------|
| <input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. | | <input type="checkbox"/> 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 | | _____ VERIFIER'S SUPERVISOR | |
| _____ DATE | | _____ DATE | |

| SECTION III | | VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES | |
|--|--|---|--|
| <p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>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.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p> | | | |
| PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE | | | |
| <input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred in the last five years. | | | |
| <input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred over five years ago. | | | |
| <input type="checkbox"/> Applicant is named as the perpetrator of an indicated child abuse or school employee report. | | | |
| <input type="checkbox"/> 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 | | | |
| <input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached. | | | |
| <input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached. | | | |
| <input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached. | | | |
| <input type="checkbox"/> No record exists. Report attached. | | | |
| FBI CLEARANCE | | | |
| <input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached. | | | |
| <input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached. | | | |
| <input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached. | | | |
| <input type="checkbox"/> No record exists. Report attached. | | | |
| <input type="checkbox"/> No FBI clearance required. | | | |
| _____ VERIFIER | | _____ VERIFIER'S SUPERVISOR | |
| _____ DATE | | _____ DATE | |