State of Maryland-Child Protection Services Program

CONSENT FO	State of Maryla OR RELEASE OF II			_		JEST	
 Submit a separate fo Provide proof of ider This form must be no Return the complete Local Depa or Departmer In-Home So Social Servi 	form to either: rtment of Social Services at of Human Resources ervices ices Administration atoga Street, Room 553	ose name is to be se e presence of a Nota	arched. ry Public.				
PART I: PURPOSE OF SEA	RCH: (Complete belov	w and the person t	hat this search p	ertains to must s	ign the form ir	n part III.)	
	F: lave been found responsil lave any remaining appea		insubstantiated dis	position for a child	abuse or neglect	t investigation.	
☐ Foster Pare ☐ Kinship Car ☐ Adoptive P	B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO: Foster Parent School Personnel Day Care Center Kinship Care Provider Institutional Employee Family Day Care Provider Adoptive Parent CASA Other Employment (Explain) Custody Evaluation Volunteer Other (Explain)						
1.Requesting Agency or Individual Name			2. Name of	2. Name of Agency Representative			
3. Address		City	State	Zip	Telepho	ne	
PART II: TO BE COMPLET IDENTIFYING INFORMATION:	ED IN FULL, BY INDI	VIDUAL WHOSE	NAME IS BEING	SEARCHED			
LAST NAM	E	FIRST	FULL I	FULL MIDDLE		MAIDEN/BIRTH NAME	
SOCIAL SECURITY #	RACE	SEX	BIRTI	BIRTHDATE OTHER NAMES		MES USED	
CURRENT ADDRESS		CITY		STATE ZIP		DATE	
PRIOR ADDRESS(S) AND DATE(S) (WITHIN THE PAST 7 YEARS) CITY				STATE ZIP		DATE	
CURRENT SPOUSE LAST, FIRST, FULL MIDDLE RAC		RACE		SEX		BIRTHDATE	
PREVIOUS SPOUSE LAST, FIRS	RACE		SEX		BIRTHDATE		
FULL NAMES OF ALL CHI	LDREN LIVING WITH				ttach additional	paper if needed)	
Last, First, Full Middle	Race Sex	Birthdate	Last, First, Full Mic	ldle	Race Sex	Birthdate	

Part III: AUTHORIZATION (Check either 1 or 2 below.	.)							
Pursuant to Maryland Code of Regulation Section 07 reports, I hereby authorize the Maryland Department			f Child Protective Services records and					
[1] To notify Foundations for Home +Co			as to whether a local department of					
social services has identified me as responsib	ole for "indicated"	child abuse or neglect in	any record maintained by the					
Maryland DHR, any Local Department of Social Services, and Child Protective Services. 2. To release a summary of the indicated finding to Foundations for Home + Community (self, agency, or individual listed in part I). SIGNATURE: This form must sign in the presence of a Notary Public by the person named in part II. DATE:								
SIGNATURE: This form must sign in the presence of a Na	ting to FOUNDA	on named in part II . DA	_(setj, agency, or inaiviauai ustea in part 1). ATE:					
The state of a real state of a	oury ruone by the pers	on named in part is						
Part IV. CERTIFICATE OF ACKNOWLEDGEMEN	T OF INDIVIDIT	AL REFORE A NOTARY	PUBLIC					
Party. CERTIFICATE OF ACCRECATED OF INDIVIDUAL DEFONE OF THE PROPERTY OF THE PARTY								
City/County of:		State of:						
Acknowledged before me this	Day of		20					
	•							
			•					
	•							
			M. D. M.					
			Notary Public					
•	•							
·								
My Commission expires:								
,								
Part V. BACKGROUND CLEAR		•	- *					
1. We are unable to determine at this time if the individual agency. Date	al for whom a search	has been requested has a CF	S finding. Form returned to requesting					
2. Sent to DHR or Local Department of Social Services:	Name Date							
		÷						
		m Local Department						
☐ 3. Based on information provided by Local Departments Central Registry as being responsible for an ☐ Indica	of Social Services, w ated/	e have determined that ated disposition of Abuse	/ Neglect in reference to an					
investigation conducted in								
• • • • • • • • • • • • • • • • • • • •								
5. Notification sent to Requesting Agency/Individual: Date)							
6. Notification sent to Person: Date								
☐ 7. Summary Provided: Date								
8. As of this date, the individual whose name was being	searched is NOT ide	ntified in the Central Registry	as being responsible for abuse or neglect.					