State of Maryland-Child Protection Services Program

CONSENT FOR RELEASE OF INFORMATION/BACKGROUND CLEARANCE REQUEST

INSTRUCTIONS:

1. Type or print legibly in ink. INCOMPLETE FORMS WILL BE RETURNED.
2. Submit a separate form for each individual whose name is to be searched.
3. Provide proof of identify and sign Part III in the presence of a Notary Public.
4. This form must be notarized.
5. Return the complete form to either:

   Local Department of Social Services in the area where you reside
   or
   Department of Human Resources
   In-Home Services
   Social Services Administration
   311 W. Saratoga Street, Room 553
   Baltimore, MD 21201

PART I: PURPOSE OF SEARCH: ***(Complete below and the person that this search pertains to must sign the form in part III.)***

☐ **A. RELEASE TO SELF:**

☐ 1. To determine if I have been found responsible for 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:**

☐ 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 Agency Representative		
FOUNDATIONS FOR HOME & COMMUNITY		ROSALIND BLOUNT		
3. Address	City	State	Zip	Telephone
1012 14TH STREET NW, SUITE 1000	WASHINGTON	DC	20005	202-654-5143

PART II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

IDENTIFYING INFORMATION:_____

LAST NAME	FIRST	FULL MIDDLE	MAIDEN/BIRTH NAME

SOCIAL SECURITY #	RACE	SEX	BIRTHDATE	OTHER NAMES 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	RACE	SEX	BIRTHDATE
PREVIOUS SPOUSE LAST, FIRST, FULL MIDDLE	RACE	SEX	BIRTHDATE

FULL NAMES OF ALL CHILDREN LIVING WITH YOU ***(Also include adult children not living with you. Attach additional paper if needed)***

Last, First, Full Middle	Race	Sex	Birthdate	Last, First, Full Middle	Race	Sex	Birthdate

Part III: AUTHORIZATION *(Check either 1 or 2 below.)*

Pursuant to Maryland Code of Regulation Section 07.02.07.19, pertaining to the confidentiality of Child Protective Services records and reports, I hereby authorize the Maryland Department of Human Resources (DHR):

☑ 1. To notify Foundations for Home + Community *(self, agency, or individual 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 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:

Part IV. 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 V. BACKGROUND CLEARANCE FINDINGS *(for Local Department or DHR use only)*

☐ 1. We are unable to determine at this time if the individual for whom a search has been requested has a CPS finding. Form returned to requesting agency. Date _____

☐ 2. Sent to DHR or Local Department of Social Services: Name _____
Date _____

Date returned from Local Department _____

☐ 3. Based on information provided by Local Departments of Social Services, we have determined that _____ is listed in the Central Registry as being responsible for an ☐ Indicated/ ☐ Unsubstantiated disposition of ☐ Abuse / ☐ Neglect in reference to an investigation conducted in _____. Child Protective Service Case/File/Referral #: _____.

☐ 4. Holding for Appeal Appeal Date _____ Appeal Disposition _____

☐ 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 identified in the Central Registry as being responsible for abuse or neglect.