

ALERT, ALERT ALL FHC FOSTER PARENTS

EVERYONE 18 YEARS OLD AND OLDER – EVEN IF YOU LIVE IN MARYLAND - MUST COMPLETE A D.C. CHILD ABUSE CLEARANCE, EVERY YEAR

IF YOU HAVE NOT COMPLETED THIS FORM -- PLEASE FILL OUT THIS FORM, NOTARIZE AND RETURN TO FHC STAFF

MAKE SURE IN SECTION IV THAT YOU PUT ALL YOUR RESIDENCES FOR THE PAST 18 YEARS – MUST ADD UP TO 18 YEARS – OR THE FORM WILL BE RETURNED

THANK YOU AGAIN!!!!!!!!!!!!

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Child Protection Register Check Application

License to Operate a Foster/Adoptive Home (CPR Check – foster/adoptive home license)

This form is used for a CPR Check requested in connection with either an application for a license to operate a foster/adoptive home from a child placing agency licensed in the District of Columbia or the renewal of a license to operate a foster home or by an individual seeking to be licensed as a foster/adoptive parent.

INSTRUCTIONS: Please PRINT or TYPE, filling in all requested information, and sign in the places marked "Applicant Signature." Please do not use initials to represent your first or middle name. However, if your first or middle name consists of only an initial, please indicate. A complete street address is required in addition to P.O. Box numbers.

Each person living in the household (temporarily or permanently) of the person who is applying to be a foster/adoptive parent (including a temporary foster parent) and who is 18 years of age or older, must complete a separate CPR Check Application.

PART I: Applicant Information

NAME: _____			
_____	_____	_____	_____
Last	First	Middle	
D.O.B. _____		Social Security No. _____ -- _____ -- _____	
_____	_____	_____	
Month	Day	Year	
Race: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
List all names ever used (maiden, married, alias, etc.; continue on additional pages if needed):			
_____	_____	_____	_____
Last	First	Middle	
_____	_____	_____	_____
Last	First	Middle	
_____	_____	_____	_____
Last	First	Middle	
_____	_____	_____	_____
Last	First	Middle	

PART II: Licensee Information Provide the following information concerning the individual seeking the license to operate a foster/adoptive home. If the same as the person identified in Part 1, above, write "same".

NAME: _____			
Last	First	Middle	
D.O.B. _____			Social Security No. _____
Month	Day	Year	
Race: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

PART III: Household Information List all persons living at the current address. Print their Name, Date of Birth, and Relationship below.

NAME (Last, First, Middle)	D.O.B	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV: Applicant Residency List all complete addresses (exclude zip code) at which the individual has resided in the past eighteen (18) years, and the dates lived there, beginning with the most recent. Continue on additional pages if needed.

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART V: Applicant Release

1. I understand and agree that this Child Protection Register Check Application – License to Operate a Foster/Adoptive Home is being made in connection with the application for a license to operate a foster/adoptive home made by the person identified in Part II, above.
2. I understand and agree that the result of the CPR check will be provided to relevant CFSA foster/adoptive home licensing and monitoring staff, as well as relevant staff of the child placing agency through which the licensing application is made (if different).
3. I understand and agree that the result of the CPR check may also be provided to relevant CFSA, contract agency or other child placing agency staff providing case management services to a foster child who is or may be placed in the foster/adoptive home.
4. I understand and agree that the results of the CPR check may also be shared with:
 - The individual who is applying for the license to operate a foster/adoptive home if the results of the check are relevant to the decision whether to grant the license;
 - The Family Court if the results of the check are relevant to the court proceedings concerning a foster child who is or would be placed in the home; and
 - CFSA Office of Fair Hearings and Appeals or the District of Columbia's Office of Administrative Hearings if the results of the check are relevant to a fair hearing concerning the license to operate a foster/adoptive home.
5. I consent to the results of the CPR check being released to (provide name and address of agency you want to receive the results): _____

PART VI: Applicant Signature and Attestation This form must be notarized unless identification is shown to a CFSA staff member who has signed below.

The information in this Child Protection Register Check Application – License to Operate a Foster/Adoptive Home is true and correct to the best of my knowledge, information and belief.

Applicant's Signature

Date

Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID _____

ID # _____

Witnessed by CFSA staff member:

Name printed: _____

Title: _____

JURISDICTION: _____

Subscribed and affirmed or sworn to me, in my presence,

on this _____ day of _____, 20____.

Signature of Notary Public

Notary Public, _____
Jurisdiction

My commission expires on ____/____/____

**PART VII: Agency Information (Please review entire application before forwarding to the CFSA CPR Office.
MAIL COMPLETED ORIGINAL FORM TO:**

Child and Family Services Agency
400 6th Street, SW
Washington, DC 20024
Attn: Child Protection Register

> TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA MAIL:

Agency Name: _____ Phone Number: _____
Email Address (optional): _____ Cubicle/Room # (CFSA Only) _____
Address: _____ City: _____
State: _____ Zip Code: _____ Attention: _____
Last Name First Name

> TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA FAX:

Please fax the response to: _____
(Agency Name)
Attention: _____
(Designated Agent)
Fax Number _____

I UNDERSTAND THAT I WILL NOT RECEIVE AN ORIGINAL COPY IN THE MAIL IF I REQUEST A
FAXED COPY.

(Initials)