

CLEARANCE FORM

CONFIDENTIAL

Worker _____
Field Office or
Private Agency

Instructions: See reverse side for information, statutes, regulations and definitions. Complete a separate form for **EACH** foster care applicant, unlicensed relative caregiver, adoptive applicant or guardian, household member age 16 years and older, and adult with direct access to children in the home.

Last Name	First Name	Middle Name	Household Name	
Aliases, Maiden Name, Previous Married Name(s)		Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Place of Birth: City	State	Country	
Driver License Number	State of Issuance	Home Phone Number	Alternate Phone Number	
Physical Address		City	State	Zip
Mailing Address		City	State	Zip

Residency: Alaska _____ Yrs _____ Mo's Physically here _____ Yrs _____ Mo's

Please list your previous residence for the last ten (10) years. Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

Have you been previously licensed to care for children or adults?
NO YES If yes, indicate city, state and type of care and dates of licensure:

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state?
NO YES If yes, attach an explanation

Have you or any household members at any time ever been investigated for child abuse or neglect?
NO YES If yes, attach an explanation.

Do you have a physical, health, mental health or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.
NO YES If yes, attach an explanation.

Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a risk to the health, safety or well-being of children?
NO YES If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense listed as prohibited on the reverse of this form?
NO YES If yes, attach an explanation.

I authorize the department representative to review criminal justice(CJ), including, where applicable, juvenile criminal history, protective service, and licensing records and to share this information (except federal CJ records) with the applicant/licensee and if applicable, between the department and agency responsible for evaluating the facility. I agree and understand that I will be placed on the APSIN flag system. I certify that the contents of this form and information provided with it are true, accurate, and complete.

_____ _____
Household Member Signature Date



RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Printed Name

Date

Applicant Signature

Applicant SSN

Parent Printed Name, if applicable

Parent Signature