|  |  |
| --- | --- |
|  | **COMBINED APPLICATION FOR CRIMINAL AND CHILD PROTECTION SERVICES (CPS) HISTORY SEARCHES**State Form 57332 (R2 / 4-24)DEPARTMENT OF CHILD SERVICES |

|  |
| --- |
| \* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it. |

|  |  |
| --- | --- |
| *INSTRUCTIONS:* | 1. *Section A and B to be completed by Department of Child (DCS) representative.*
2. *Section C and D to be completed by Subject of the check/parent or guardian (if under age of 18).*
3. *Section E to be completed by DCS representative.*
4. *This is a required for all subjects 6 years or older.*
5. *All Sections must be completed and are mandatory.*
 |
| ***\* PLEASE NOTE:*** *This search will be completed and results returned based on the following information provided by the applicant using the Indiana*  *DCS statewide electronic child protective services index database which may return substantiated results from completed assessments ranging* *from January 1, 1988, through the completed date of the Department of Child Services CPS history check. IC 31-33-26-15* |
| **SECTION A – REQUESTING AGENCY INFORMATION** |
| 1. Local Office Name       | 2. Name of DCS Staff Completing Form       | 3. Case Name *(if applicable)*      |

|  |
| --- |
| **SECTION B – REASON(S) CHECKS ARE BEING COMPLETED** |
| **4. DCS out of home unlicensed placement:**  [ ]  a. Emergency placement *(A triple I name based check will be completed prior to placement with National and State fingerprinting completed within the required time frame if placement occurs.)* [ ]  b. Non-emergency placement *(Placement will not occur until National and State fingerprinting results are returned, evaluated, determined qualified or a criminal history waiver is granted.)***5. Foster Family Home Licensing** [ ]  a. New / Relicense [ ]  b. Annual Review [ ]  c. Existing HH member now eighteen (18) years [ ]  d. New Household member**6. Adoption:**  [ ]  a. Existing Household member now requiring background checks [ ]  b. New Household member**7. Other Reason(s):**      \_\_\_\_\_\_\_\_\_\_\_**8.** **Type of checks to be completed (mark all that apply):** [ ]  a. Local Criminal Court Record Checks (18+ years) [ ]  b. Child Protection History Check (6+ years)  [ ]  c. National Sex Offender Registry (14+ years) |
|  |
| **SECTION C – SUBJECT OF BACKGROUND CHECK** |
| 9. Subject of checks relationship to ward child?       |
| 10. Full legal name *(first, middle, last)*      |
| *Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.* |
| 11a. Maiden name *(if ever married) (first, middle and last name)*       | 11b. Other last names(s)       |
| 11c. Nickname or shortened first name      | 11d. Pre-adoptive name or other alias name / how used      |
| 11e. Other alias name / how used      |
| 12. Date of birth *(month, day, year)*      | 13. Social Security Number \*      | 14. Gender[ ]  Male [ ]  Female | 15. Race      |
| 16. Current address *(number and street, city, state, and ZIP code)*      |
| 17. Home telephone number(    )       | 18. Cellular number(     )       | 19. E-mail address      |
| 20. List all City/County/State of residency since January 1, 1988, or DOB whichever is most recent with dates of residency to and from *(month/year)*.      |
|       |
|       |
|       |
|       |
|       |
| 21. Do you have a current protective order filed against you or do you have a protective order filed against someone else? [ ]  Yes [ ]  No |
| 22. If yes, please explain.      |
|       |
|       |
|       |
|       |
| Pursuant to IC 31-27, I affirm that the answers to the following questions are true: |
| 23. Have you been arrested, charged, or convicted of: a. A felony that has not been expunged by a court? [ ]  Yes [ ]  No b. A misdemeanor relating to the health and safety of a child that has not been expunged by a court? [ ]  Yes [ ]  No24. Have you been arrested, charged, or convicted of:  a. A felony that has not been expunged by a court while the licensing action / application has been pending? [ ]  Yes [ ]  No  b. A misdemeanor relating to the health and safety of a child that has not been expunged by a court while your  licensing action / application was pending? [ ]  Yes [ ]  No |
|  |
| **SECTION D – TO BE SIGNED BY SUBJECT OF CHECK OR LEGAL REPRESENTATIVE IF SUBJECT IS A MINOR** |
| I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Indiana Department of Child Services regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children placed in my care. This authorization is valid for one (1) year from the date of this application.I also affirm, under the penalties of perjury, that the information in Section C is complete. |
| 25. Signature      | 26. Printed Name       | 27. Date of application *(mm/dd/yyyy)*       |

|  |
| --- |
| **SECTION E – TO BE COMPLETED BY DCS REPRESENTATIVE, WHEN APPLICABLE** |
| 28. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana? [ ]  Yes [ ]  No [ ]  N/A – Minor | If yes, was there ever any negative action taken on the foster care application or license? [ ]  Yes [ ]  No |
| If there is a history of any negative action, for each negative action provide the type of action and the month and year the action was effective.       |
| 29. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? \* [ ]  Yes [ ]  No |
| \* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the date of the substantiation approval, and the DCS office that conducted the assessment. All inquiries regarding results must be made directly to the DCS office which completed the investigation. Requests are to be made in writing by the subject of the check or the requesting agency (with appropriate releases) to obtain a copy of the investigation. For the local DCS office contact information, visit [www.in.gov/dcs/](http://www.in.gov/dcs/) and click on Contact Us / Local DCS Offices. If the involvement is the “Central Office,” e-mail institutions@dcs.in.gov.  |
|       |
|       |
|       |
|       |
|       |
| 30. Signature of staff member completing check      | 31. Title of staff member completing check      | 32. Date *(mm/dd/yyyy)*       |
| 33. Printed name of staff member completing check      | 34. Indiana Department of Child Service office completing check      County Local Office |