Reset Form

# APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R8 / 10-21)
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. *Sections 1 and 2 to be completed by the Department of Child Services (DCS), residential facility, licensed child placing agency (LCPA) or DCS contract agency personnel.*
2. *Sections 3 through 4 to be completed by the subject of the background check for age eighteen (18) years or older.*
3. *Original is to be filed in the appropriate file of the requestor Agency.*
4. ***Please print in all capital letters. All fields are mandatory and must be completed.***

## SECTION 1 – REQUESTING AGENCY INFORMATION

| Name of local office or requesting agency | Date *(month, day, year)* |
|---|---|
| | |

Address *(number and street, city, state, and ZIP code)*

| Name of staff member completing this form | If applicable, name of associated resource home |
|---|---|
| | |

| Telephone number | Fax number | E-mail address |
|---|---|---|
| ( ) | ( ) | |

## SECTION 2 – REASON FOR BACKGROUND CHECK *(Check appropriate box.)*

**1. 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.)*

**2. Foster Family Home Licensing** ☐ a. New / Relicense ☐ b. Annual Review ☐ c. Existing HH member now eighteen (18) years ☐ d. New HH member

**3. Adoption:** ☐ a. Pre adoptive child under DCS Supervision ☐ b. Indiana Adoption Program or Private Adoption seeking AAP

**4. Employment:** ☐ a. Group Home ☐ b. Residential Facility ☐ c. LCPA ☐ d. Contractor / Subcontractor

**5. Volunteer / Unpaid Intern:** ☐ a. Group Home ☐ b. Residential Facility ☐ c. LCPA ☐ d. Contractor / Subcontractor

## SECTION 3 – SUBJECT OF THE BACKGROUND CHECK

Full legal name *(first, middle, last)*

Previous names *(maiden, alias, previous married, pre-adoptive, nicknames)*

| Date of birth *(month, day, year)* | Social Security Number * | Gender ☐ Male ☐ Female | Race |
|---|---|---|---|
| | | | |

Current address *(number and street, city, state, and ZIP code)*

| Home telephone number | Cellular number | E-mail address |
|---|---|---|
| ( ) | ( ) | |

List all cities / counties / states resided in for past five (5) years, with dates of residence *(month, day, year)*

Do you have a current protective order filed against you or do you have a protective order filed against someone else? ☐ Yes ☐ No

If yes, please explain.

Pursuant to IC 31-27, I affirm that the answers to the following questions are true:

1. 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 ☐ No
2. 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 4 – TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK

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 3 is true and correct.

| Signature | Printed name | Date of application *(month, day, year)* |
|---|---|---|
| | | |