

## State of Maryland-Child Protective Services Program

## CONSENT FOR RELEASE OF INFORMATION CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

## \*\*\*\*\*PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT \*\*\*\*\*

Part I: PURPOSE OF SEARC	CH								
A. RELEASE TO SELF:									
1. To determine if I have been	found responsible for	an "indicate	d" or "unsubstantiat	ed" disposition	for a child abuse	or neglect			
investigation.									
2. To determine if I have any r	emaining appeal rights	S.							
B. RELEASE TO AN AGENCY/INDIN	/IDIIAI RELATED TO:								
			ara Cantar	Dyouth Comp	Parcannal Administ	rator			
	Adoption    School Personnel    Day Care      Foster Care    Institutional Employee    Family D			re Center					
	CASA		unity Mgmt. Entity	Other (Speci					
	Custody Evaluation		Home/Residential Tre		119)				
	custody Evaluation	Шагоар	Trome, Residential Tres	atment racinty					
Agency/Individual Name			Name of Agency F	Representative					
Agency Address (To include stree	et # and name, unit typ	e and #, city	, state and zip code)		Representative's	Phone Number			
						X			
Representative's Email									
Part II: SEARCH INFORMATION	(To he completed <b>in f</b> u	<b>II</b> hy individu	al whose name is he	oina searched)					
Taren. Stancifini Oniviation	(10 be completed <b>in ju</b>	n by marvida	ar wriose name is be	my scurencuj					
APPLICANT'S LAST NAME	FIRST NAME		MIDDLE NAME (Full	)	MAIDEN/BIRTH N	AME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH		SEX	SEX		RACE			
			☐ Male ☐	☐ Male ☐ Female					
OTHER NAMES USED	•		•		•				
NUMBER STREET NAME	LIMIT T	YPE/# CITY		STA <sup>*</sup>	TE ZIP CODE	COUNTRY			
NOWIDER STREET NAIVIE	ONITI	TPE/# CITT		JIA	TE ZIP CODE	COUNTRY			
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS						
DATIME FEEL HORE NOMBER									
			I						
CURRENT SPOUSE  LAST NAME FIRST NAME		MIDDLE NAME (Full)		DATE OF BIRTH					
LAST NAME	FIRST IVAIVIE		WIIDDLE NAME (Full)	)	DATE OF BIRTH				
FULL NAMES OF ALL CHILDREN (To inc	clude adult children and c	hildren not re	siding with you)						
LAST NAME FIRST NAME			MIDDLE NAME (Full) DATE OF BIRTH						
			,	,					
If more than 3 children, attach additional paper if necessary.									
Have you lived in Maryland in the past? Yes No Have you worked or volunteered in Maryland in the past? Yes No									

If yes to either question, from what years:

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE
VOIVIDEIX	THEFTHAME	CITT	JIAIL	Zii CODE	DATE
Part III:	AUTHORIZATION				
	nt to Code of Maryland Reg	•	-	-	
nvestig	ations and reports, I hereby	•	•		
		(agency or individual	as listed in Part I) as to	whether a local	I department of soc
services	s has identified me as respo	nsible for "indicated"	child abuse or negle	ct in any record	d maintained by the
Marylai	nd Department of Human R	esources, any local de	partment of social s	ervices, and Chi	ild Protective Servi
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iviaryiai	**** <b>STOP</b> ****				
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ŕ	**** <b>STOP</b> ****	IS FORM BEFORE	PROCEEDING T	O PART IV*	***
·	***** <b>STOP</b> *****  *****PRINT TH	IS FORM BEFORE	PROCEEDING T	O PART IV*	***
PART I\	*****STOP*****  *****PRINT TH  /: SIGNATURE (If Applicant is un	IS FORM BEFORE	PROCEEDING T	O PART IV*	***
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PART I\	*****STOP*****  *****PRINT TH  /: SIGNATURE (If Applicant is un	IS FORM BEFORE	PROCEEDING T	O PART IV*	***
PART IN	*****STOP*****  *****PRINT TH  /: SIGNATURE (If Applicant is un	IS FORM BEFORE	PROCEEDING T	O PART IV*	***
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PART IN	*****STOP*****  *****PRINT TH  /: SIGNATURE (If Applicant is un	IS FORM BEFORE	PROCEEDING 1	n) DA	**** .TE
PART IN	*****STOP*****  *****PRINT TH  7: SIGNATURE (If Applicant is under a signature above)  : CERTIFICATE OF ACKNOW	IS FORM BEFORE	PROCEEDING 1  Applicant's parent/guardia	O PART IV*	**** .TE
PART IN	*****STOP*****  *****PRINT TH  /: SIGNATURE (If Applicant is un	IS FORM BEFORE	PROCEEDING 1  Applicant's parent/guardia	n) DA	**** .TE
PART IN	*****STOP*****  *****PRINT TH  7: SIGNATURE (If Applicant is under a signature above)  : CERTIFICATE OF ACKNOW	IS FORM BEFORE  Ider age 16, must be signed by  ILEDGEMENT OF INDIV	Applicant's parent/guardia  VIDUAL BEFORE A N  State of:	O PART IV*	**** .TE
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## PART VI: BACKGROUND CLEARANCE FINDINGS (for Local Department or DHR use only)

Applicant's Name:	MD CHESSIE ID#:			
1. Active investigation				
2. Sent to DHR or Local Department of Social Services:	Name:			
	Date:			
3. We have determined that is listed in	the state's database as being			
responsible for an $\ \square$ Indicated / $\ \square$ Unsubstantiated disposition of $\ \square$ Abuse / $\ \square$ Neglect in reference to an				
investigation conducted in by	Child Protective Service			
vestigation #: (Unsubstantiated findings may only be released to the MSDE Office of Child Care.)				
4. Holding for appeal				
5. Notification sent to Applicant on				
6. As of this date,the individual whose name was being searched system.	s is NOT identified in the state's			