

REQUEST FOR BACKGROUND CHECK

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| Reason For Background Check Request: _____ |
| Lead Agency Name: _____ MC# _____ |
| Contact Person: _____ |
| Phone/Fax Number: _____ |
| Date Requested: _____ |

**DHHS must have a signed release to complete background checks; except for investigation purposes.

Authorization and Notification for Background Information Review

Nebraska Department of Health and Human Services regulations and/or state statute require that certain checks be done for persons applying to be licensed or approved as foster parents and for certain other persons who reside in their home.

I/We, as prospective foster and/or adoptive parent(s), understand the need for and give permission to Nebraska Health and Human Services and/or contractor to contact law enforcement personnel about my/our character and background, to include but not limited to, the Nebraska Sexual Offender Registry, sexual offender registries in any other jurisdictions, and criminal background checks, as well as with the Department of Motor Vehicles on any adults residing in the home 18 years or older. I/We also give the Nebraska Department of Health and Human Services permission to conduct a check of the Adult Protective Services Registry and the Child Protective Services Register on myself/us and any minor children in our home 13 years of age or older. I/We understand this information will be used in the context of licensure or approval of a foster home, or completion of a home study for placement of a child who is a ward of the Nebraska Department of Health and Human Services or another state. I/We also give permission to contact the counterparts of Health and Human Services, law enforcement and Department of Motor Vehicles in other cities and states I/we have resided.

The following information is required for positive identification for the screening checks to be complete. Include all persons residing in the home who are 13 years of age or older. Please circle the name(s) of any children listed below who are not under your legal guardianship.

Applicant's Home Address: _____

Phone: Daytime: _____ Cell: _____ Evening: _____

Please list **ALL** members in household **including SELF**.

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|---|---|
| <p>Name: _____ Please print</p> <p>All Former names: _____</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>Race: _____ Gender: _____</p> <p>Relationship: _____</p> <p>*Previous Address(s) for last 5 years with dates of residency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Name: _____ Please print</p> <p>All Former names: _____</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>Race: _____ Gender: _____</p> <p>Relationship: _____</p> <p>*Previous Address(s) for last 5 years with dates of residency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Name: _____ Please print</p> <p>All Former names: _____</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>Race: _____ Gender: _____</p> <p>Relationship: _____</p> <p>*Previous Address(s) for last 5 years with dates of residency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Name: _____ Please print</p> <p>All Former names: _____</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>Race: _____ Gender: _____</p> <p>Relationship: _____</p> <p>*Previous Address(s) for last 5 years with dates of residency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

| | |
|--|--|
| Name: _____ Please print All Former names: _____ Social Security #: _____ Date of Birth: _____ Race: _____ Gender: _____ Relationship: _____ *Previous Address(s) for last 5 years with dates of residency: _____ _____ _____ | Name: _____ Please print All Former names: _____ Social Security #: _____ Date of Birth: _____ Race: _____ Gender: _____ Relationship: _____ *Previous Address(s) for last 5 years with dates of residency: _____ _____ _____ |
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I/We understand that the information received will be utilized by Nebraska Department of Health and Human Services and/or contractors in making decisions regarding placement of children in my/our home. I/We also understand that completion of this form does not guarantee the children will be placed in my/our home.

All adults 18 or older residing in the home must sign and date below. Release is valid for two years after date of signature.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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Convictions: List Details, dates and outcomes (i.e., parole, probation, jail or prison term, fine, community services, etc.) ***If you have no felonies/misdemeanors, write "none".*** If more space is needed use other side.

Name:
 Offense:
 Date:
 City/State:
 Outcome:

Please return to:
 Penny Schmuecker – Case Aide
 Direct Line: (402) 471-5139
 Fax: (402) 471-8187
 Nebraska Department of Health and Human Services
 Children and Family Services
 1050 N Street, PO Box 93988, Lincoln, NE 68509-8933