

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Foster Care Licensing & Background Checks Division 500 SW Van Buren PO BOX 1424 Topeka, KS 66601
AUTHORIZATION FOR BACKGROUND CHECK



WHO SHOULD USE THIS FORM: This form is to be completed for any person required to have background checks for DCF purposes. The subject of the background check must complete sections 3 and 4. All identifying information must be accurate and complete. Parent or Guardian's signature is required if background check is for a minor under the age of 18. Children age 14 and above require fingerprints. See Instructions on reverse side.

CHECK ONE BOX IN EACH COLUMN IN THE APPLICABLE ROW A or B:			
	Select one:	Placement Type / Agency (select one):	Role/Affiliation (select one):
1	A <input type="checkbox"/> Foster Care / Placement	<input type="checkbox"/> Family Foster Home <input type="checkbox"/> Relative Placement <input type="checkbox"/> Adoption <input type="checkbox"/> ICPC	<input type="checkbox"/> Applicant <input type="checkbox"/> Resident of home <input type="checkbox"/> Alternate Caregiver <input type="checkbox"/> Volunteer
	B <input checked="" type="checkbox"/> Employment / Provider	<input type="checkbox"/> Child Placing Agency <input checked="" type="checkbox"/> Residential Center/Group Boarding Home <input type="checkbox"/> Detention/Secure Care Center <input type="checkbox"/> Staff Secure Facility	<input type="checkbox"/> Attendant Care Facility <input type="checkbox"/> JCIC <input type="checkbox"/> Transitional Living <input type="checkbox"/> Community Integration
Anyone age 14 and above require fingerprints. Parent/Guardian signature required in Section 4 for any child under age 18.			
FOR LICENSED FACILITIES OR AGENCIES ONLY - Please indicate the action being requested: <input type="checkbox"/> add affiliate <input type="checkbox"/> remove affiliate (no signature required)			

2 TO BE COMPLETED BY REQUESTOR This authorization form will not be processed without completion of this section. The representative must complete the following	
BACKGROUND CHECK REQUESTED FOR OR BY: Placement/Facility/Agency Name: O'CONNELL YOUTH RANCH, INC License # (if applicable): 0003203-001 Street Address: P.O. BOX 3589 City: LAWRENCE, State: KS Zip: 66046 if applicable: Contact Person: GINA MEIER-HUMMEL Email: GINA.MHummel@YRK@gmail.com	FOR FOSTER CARE /PLACEMENT PURPOSES ONLY Child Placing Agency/Sponsor: Contact Person: Email: Other information: or: DCF Staff: Email:

3 TO BE COMPLETED BY THE PERSON BEING CHECKED							
First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)	Age	SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race
Maiden and/or Any Names Formerly Used (First/Middle/Last):			Have you lived outside the state of Kansas in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years. Include: -Street/Apt.# -City/State/Zip -Dates From/To				
Current Address Street/Apt#:							
City:	State:	Zip:					
Phone:							

4 AUTHORIZATION /CERTIFICATION					
Have you ever been indicated as perpetrator in an abuse/neglect investigation involving a child or adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had your parental rights terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been found to be a disabled person in need of a guardian or conservator or both?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for background history to be checked by DCF to determine eligibility for program participation or employment purposes. I understand the information released is for exclusive and confidential use of DCF or designee of the Secretary.					
SIGNATURE: _____			DATE: _____		
PARENT/GUARDIAN Signature (if applicable) _____			DATE: _____		