

CLEARANCE FORM

CONFIDENTIAL

Worker _____
Field Office or
Private Agency _____

Instructions: Complete a separate form for EACH foster care applicant, unlicensed relative caregiver, adoptive applicant or guardian, household member age 16 years and older, and adult with direct access to children in the home.

Name (Last, First, Middle) **Household Name**

Aliases (Maiden Name, Previous Married Name(s)) **Social Security #** **Gender:** Male Female

Date of Birth **Place of Birth** (City, State, Country)

Driver License Number **State of Issuance** **Home Phone Number** **Alternate Phone Number**

Physical Address (City, State, Zip)

Mailing Address (City, State, Zip)

Residency: Alaska _____ Yrs _____ Mo's Physically here _____ Yrs _____ Mo's

Please list your previous residence for the last five(5) years. Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

Have you been previously licensed to care for children or adults?
NO YES If yes, indicate city, state, and type of care and dates of licensure:

Have you ever had a license to care for children or adults revoked, denied, or suspended in Alaska or any other state?
NO YES If yes, attach an explanation

Have you or any household members at any time ever been investigated for child abuse or neglect?
NO YES If yes, attach an explanation.

Do you have a physical, health, mental health, or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.
NO YES If yes, attach an explanation.

Do you have a domestic violence problem or alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children?
NO YES If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense?
NO YES If yes, attach an explanation.

I authorize the department representative to review criminal justice (CJ), including, where applicable, juvenile criminal history, protective service, and licensing records and to share this information (except federal CJ records) with the applicant/licensee and if applicable, between the department and agency responsible for evaluating the facility. I agree and understand that I will be placed on the APSIN flag system. I certify that the contents of this form and information provided with it are true, accurate, and complete.

Signature Date

(Office of Children's Services Staff Use Only)

Worker Name _____

Date _____

Required Background Checks

- | | | |
|--|-----------------------------|------------------------------|
| Child Protective Services History | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Court View History | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Sex Offender Registry History | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Previous Licensing History | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Criminal Justice JOMIS Check (must also be run on all youths age 12 and older) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Background Check Program Cleared | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

- Criminal Justice APSIN Check
- Other: _____

Comments:

Name of worker who did the checks _____ Date _____