AUTHORIZATION FOR CHILD ABUSE AND NEGLECT BACKGROUND CHECK

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES
SFN 508 (5-2016)

Clear Fields

I. IDENTIFYING INFORMATION

Full Legal Name			Date of Hire	Date of Birth
Address (Street & Apartment Number)		City	State	ZIP Code
Mailing Address (If Different)		City	State	ZIP Code
Facility Full Legal Name	☐ Household Member ☐ Staff Member	Work Telephone Number	Home Telephone Number	

II. ASSURANCE

I CERTIFY THAT I HAVE NOT BEEN FOUND GUILTY OF A CRIME AGAINST CHILDREN OR BEEN CONVICTED OF A FELONY. IN THE EVENT THAT I AM FOUND GUILTY OF A CRIME AGAINST CHILDREN, BEEN CONVICTED OF A FELONY OR A CHILD ABUSE AND NEGLECT DECISION OF "SERVICE REQUIRED" HAS BEEN MADE, I WILL IMMEDIATELY NOTIFY MY EMPLOYER OR COUNTY SOCIAL SERVICE BOARD.

III. AUTHORIZATION FOR RELEASE OF INFORMATION (IN-STATE)

A. I give the North Dakota Department of Human Services and the County Social Service office permission to check for my name in child abuse or neglect files and the North Dakota Child Abuse and Neglect Information Index for a period not to exceed one year.

B. I further consent that any information found in the child abuse and neglect records can be shared with Early Childhood Services staff as well as the operator and director of the early childhood program or holder of self-declaration.

C. I further consent that results of a criminal background check obtained by the Department of Human Services for the purpose of early childhood services may be shared with early childhood services staff and the operator or director of the early childhood program.

IV. AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the state or county agency that maintains records concerning child abuse or neglect in the states listed below to release to the North Dakota Department of Human Services all information contained in those records related to the undersigned.

List States Where You Have Lived in the Past Ten Years	
Social Security Number	

V. FORMER ADDRESSES/NAMES

List Any Former Address(es) and County of Residence Where You Have Lived in the Past Ten Years	List Any Other Names You Have Gone by in the Past Ten Years

VI. PREVIOUS EMPLOYMENT IN EARLY CHILDHOOD SERVICES IN THE LAST 6 MONTHS

Name of Early Childhood Program	County Program is Located In	Dates Employed

THIS IS A PUBLIC DOCUMENT AND MUST BE MADE AVAILABLE UPON REQUEST

VII. CERTIFICATION SIGNATURE

I Hereby Certify That The Above Information is True To The Best of My Knowledge:	Signature	Date

The social security number is requested for the purpose of conducting a child abuse and neglect background check.

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided:
* Disclosure of the social security number for early childhood services operators is mandatory, pursuant to N.D.C.C. §43-50-02. Failure of an applicant to disclose his or her social security number may result in a denial of application for license.
* Disclosure of a staff member or household members social security number is voluntary. Failure of a staff member to disclose this information may affect the individuals ability to be employed by an early childhood services program. Failure of a household member to disclose this information may result in a denial of license, self-declaration, or registration application.

Provide a copy of the form to CSSB, HSC, and Provider.

FOR OFFICAL USE ONLY

Regional Office

☐ Child Abuse/Neglect Index Check

Date

☐ Sexual Offender List

Date

☐ Criminal Index

North Dakota Date	Minnesota Date

Authorized Agent Only

Fingerprint Appointment Date	Fingerprints Completed Date	Results Memo Date