



STATE OF RHODE ISLAND
 Department of Children, Youth and Families
 101 Friendship Street
 Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: "General Treasurer State of Rhode Island" – a personal check or cash is not accepted. Requests submitted without payment will not be processed.)

Facility Name: Attn: Amber Hernandez Please indicate if subsequent
 Kansas Department of Health & Environment
 Facility mailing address: 1000 SW Jackson, Ste. 200, Topeka, Kansas 66612
 Facility E-mail address: KDHE.BGCheck@ks.gov Facility Phone #: 785-296-8475

Please indicate: Prospective Childcare operator or employee Foster Care provider
 Non-DCYF Adoption Employment Community Agency Volunteers who have
 supervisory authority over children without the presence of others Volunteer in a daycare
 setting Child Care and Community Agency Volunteers who **do not** have supervisory
 authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to _____ information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the Department or the facility in determining my suitability for employment in a Child Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results Ninety (90) days after the date of this authorization appearing below. Any information released and /or received as a result of this consent shall not be further relayed in any way to any person or organization outside of the Department without additional consent except as provided by statute.

_____ Signature of Applicant		_____ Date of Birth	_____ Date of Authorization	
_____ Last Name	_____ First Name	_____ Middle	_____ Maiden	
Address _____				
_____ # & Street		_____ City/Town	_____ State	_____ Zip Code

BACKGROUND CHECK RESULTS

RICHIST: No Prior Contact

Case ID or Person ID: _____ Case Name: _____ States: Active Closed

Investigation #	Level	Status
_____ Name	_____ Involvement	_____ Allegations

MASTERFILE:(Prior to 1984)

No prior Involvement