



State of Maryland-Child Protective Services Program

CONSENT FOR RELEASE OF INFORMATION

CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

\*\*\*\*PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT\*\*\*\*

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- Adoption, Foster Care, Kinship Care, International Adoption, School Personnel, Institutional Employee, CASA, Custody Evaluation, Day Care Center, Family Day Care, Community Mgmt. Entity, Group Home/Residential Treatment Facility, Youth Camp Personnel Administrator, Youth Camp Worker/Volunteer, Other (Specify)

Agency/Individual Name: Sasha Bruce Youthwork Inc. Name of Agency Representative: Ms. Angela Saunders, Interim HR Director
Agency Address: 741 Eighth Street SE, Washington, DC 20003 Representative's Phone Number: 202-675-9340 x 270
Representative's Email: CLEARANCES@SASHABRUCE.ORG

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME, FIRST NAME, MIDDLE NAME (Full), MAIDEN/BIRTH NAME, SOCIAL SECURITY NUMBER, DATE OF BIRTH, SEX (Male/Female), RACE, OTHER NAMES USED

NUMBER, STREET NAME, UNIT TYPE/#, CITY, STATE, ZIP CODE, COUNTRY

DAYTIME TELEPHONE NUMBER, EMAIL ADDRESS

CURRENT SPOUSE LAST NAME, FIRST NAME, MIDDLE NAME (Full), DATE OF BIRTH

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you) LAST NAME, FIRST NAME, MIDDLE NAME (Full), DATE OF BIRTH

Have you lived in Maryland in the past? Yes No Have you worked or volunteered in Maryland in the past? Yes No

PRIOR ADDRESSES <i>(List all within the past 7 years in Maryland.)</i>					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

**Part III: AUTHORIZATION**

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHR) to notify *(agency or individual as listed in Part I)* as to whether a local department of social services has identified me as responsible for “indicated” child abuse or neglect in any record maintained by the Maryland Department of Human Resources, any local department of social services, and Child Protective Services.

**\*\*\*\*\*STOP\*\*\*\*\*REVIEW THAT ALL SECTIONS ARE COMPLETE\*\*\*\*\***  
**\*\*\*\*\*PRINT THIS FORM BEFORE PROCEEDING TO PART IV\*\*\*\*\***

**PART IV: SIGNATURE** *(If Applicant is under age 16, must be signed by Applicant’s parent/guardian)*

**DATE**

<i>(Print name of signature above)</i>	

**PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC**

City/County of: \_\_\_\_\_ State of: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

My commission expires: \_\_\_\_\_.

**PART VI: BACKGROUND CLEARANCE FINDINGS** (for Local Department or DHR use only)

	Applicant's Name:	MD CHESSE ID#:
<input type="checkbox"/>	1. Active investigation	
<input type="checkbox"/>	2. Sent to DHR or Local Department of Social Services:	Name:
		Date:
<input type="checkbox"/>	3. We have determined that _____ is listed in the state's database as being responsible for an <input type="checkbox"/> Indicated / <input type="checkbox"/> Unsubstantiated disposition of <input type="checkbox"/> Abuse / <input type="checkbox"/> Neglect in reference to an investigation conducted in _____ by _____. Child Protective Service Investigation #: _____. (Unsubstantiated findings may only be released to the MSDE Office of Child Care.)	
<input type="checkbox"/>	4. Holding for appeal	
<input type="checkbox"/>	5. Notification sent to Applicant on	
<input type="checkbox"/>	6. As of this date, _____ the individual whose name was being searched is NOT identified in the state's system.	