

Consent for Criminal Records Check Licensed Private Agency

This request will not be processed unless all information is completed clearly. If applicable, two properly completed official fingerprint cards. (We will bill the Private Child Care Agency for any FBI costs incurred.)

Applicant Status:

- | | |
|---|--|
| <input type="checkbox"/> Director of a private agency | <input type="checkbox"/> Foster Parent for a private agency |
| <input type="checkbox"/> Employee of a private agency | <input type="checkbox"/> Adoption Applicant for a private agency |
| <input type="checkbox"/> Volunteer for a private agency | <input type="checkbox"/> SNAC Applicant |

A G E N C Y	Agency Name	Program Name	Phone Number
	Mailing Address	City	Zip
	Director/Designee Name	Signature 	Date

A P P L I C A N T	Name (Last, First, Middle)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
	Home Address		
	City	State	Zip Code

P L E A S E P R I N T C L E A R L Y	Other Names Used (maiden name, previous married name(s), alias, legal name change, assumed names)
	Warning: Falsely responding may result in termination of employment or denial of application. 1. Have you lived out of the state of Oregon in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever been arrested or convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, on a separate sheet of paper describe the circumstances leading to the arrest/conviction and provide any information to help us understand why your arrest/conviction will not pose a risk to children.

P L E A S E P R I N T C L E A R L Y	OAR 412-22-360-02(d) authorizes SCF to request that you voluntarily provide your social security number to SCF for use as an identification number for criminal records checks. Failure to provide your social security number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public. By signing this consent to disclose your social security number, you authorize SCF to disclose your social security number to others if such disclosure is necessary for the purpose stated above.		
	Signature 	Social Security Number	Date

A P P L I C A N T	I give permission for SCF to search their records for reports of child abuse or neglect filed under my name and confirm if such a record was found.	
	I have reviewed and completed this form as applicable to me. I give permission for SCF to verify any or all information I have provided. By my signature, I swear or affirm that all the information provided on this form, and any attachments thereto is true and accurate.	
	Signature 	Date

S C F	Applicant Record Check Status		IIS Check	
	<input type="checkbox"/> No Record	<input type="checkbox"/> LEDS	<input type="checkbox"/> FBI/OSP	<input type="checkbox"/> No Record Found
	<input type="checkbox"/> Record Found			<input type="checkbox"/> Record Found
	<input type="checkbox"/> False Information Given			
	Response prepared by:	Date	Response prepared by:	Date
