

## AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize CASA of South Cental KY to process a State and/or National Background check. I understand that CASA will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the organization's choice. I understand that I may withhold my permission and that in such a case, no investigation will be done, and my association with CASA will be concluded.

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## CASA of South Central Kentucky

P O Box 867 ♦ Bowling Green, Kentucky 42102  
 270.782.5353 ♦ 866.782.5353 ♦ Fax 270.782.6276  
 www.casaofsck.org ♦ casaofsck@bellsouth.net

### Applicant Disclosure Affidavit

(Please read carefully)

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment or volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsifications, misrepresentations, or incompleteness, in this disclosure alone is grounds for disqualification or termination.

APPLICANT: \_\_\_\_\_  
Full Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The undersigned applicant affirms that I HAVE NOT at ANYTIME (whether as an adult or juvenile):

YES	NO	Initial each answer and provide a brief explanation below for each "yes" answer
_____	_____	Been convicted of ;
_____	_____	Pleaded guilty to (whether or not resulting in a conviction);
_____	_____	Pleaded nolo contendere or no contest to:
_____	_____	Admitted;
_____	_____	Had any judgment or order rendered against me (whether by default or otherwise);
_____	_____	Entered into any settlement of an action or claim or;
_____	_____	Had any license, certificate, or employment suspended, revoked Terminated, or adversely affected because of;
_____	_____	Been diagnosed as having or been treated for any mental or emotional condition arising from; or
_____	_____	Resigned under threat of termination of employment or volunteer Work for;

Any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

Yes	No	(Initial answer under “yes” or “no” and provide brief explanation for a “yes” answer below.)
_____	_____	Any felony.
_____	_____	Rape or other sexual assault.
_____	_____	Drug or alcohol-related offenses.
_____	_____	Abuse of a minor or child, whether physical or sexual.
_____	_____	Incest.
_____	_____	Kidnapping, false imprisonment, or abduction.
_____	_____	Sexual harassment.
_____	_____	Sexual exploitation of a minor.
_____	_____	Sexual conduct with a minor.
_____	_____	Annoying/molesting a child.
_____	_____	Lewdness and/or indecent exposure.
_____	_____	Lewd and lascivious behavior.
_____	_____	Obscene literature.
_____	_____	Assault, battery, or other offense involving a minor.
_____	_____	Endangerment of a child.
_____	_____	Any misdemeanor or other offense classification involving a minor or to which a minor was witness.
_____	_____	Unfitness as a parent or custodian.
_____	_____	Removing children from a State or concealing children in violation of a law or Court order.
_____	_____	Restrictions or limitations on contact or visitation.
_____	_____	Similar or related conduct, matters, or things.
_____	_____	Accusation of any of the above.

Explanations:

If you answered “yes” to any of the above, please explain. If none, write “none.”

Description	Dates
_____	_____
_____	_____
_____	_____

The above statements are true and complete to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness to signature

**ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
1001 VANDALAY DRIVE  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381  
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

**Individuals**

Requesting a record on yourself requires a \$25.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

**Nonprofit/Commercial/Others**

Requesting a record on individuals requires a \$25.00 fee (**check or money order**).

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If

you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS/P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

*I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.*

**\* ALL INFORMATION BELOW IS REQUIRED.**

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Requestor/Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

**Please denote which purpose applies to this request:**

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**CENTRAL REGISTRY CHECK**

**FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member  
(Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher  
(Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

**NAME:** \_\_\_\_\_  
(first) (middle) (maiden/nickname/other) (last)

**Sex:** \_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security/Individual Taxpayer Identification #:** \_\_\_\_\_

**Date of Initial Hire:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

City State Zip Code

**Previous Address:** \_\_\_\_\_

City State Zip Code

**Previous Address:** \_\_\_\_\_

City State Zip Code

**Previous Address:** \_\_\_\_\_

City State Zip Code

**Previous Address:** \_\_\_\_\_

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



**CENTRAL REGISTRY CHECK**

**A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Signature of the Individual Submitting to the Child Abuse or Neglect Check

\_\_\_\_\_  
Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

**NAME OF EMPLOYER/AGENCY:** CASA of South Central KY  
**ADDRESS:** P.O. Box 867 **CITY:** Bowling Green  
**STATE:** KY **ZIP:** 42102 **PHONE:** (270) 782-5353  
**E-MAIL ADDRESS:** steve@casaofsck.org

**RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]**

- No reportable incident found in accordance with 922 KAR 1:470
  - Substantiated child abuse found on the registry Date of substantiated finding: \_\_\_\_\_
  - Substantiated child neglect found on the registry Date of substantiated finding: \_\_\_\_\_
- The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights  Yes  No
- A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON \_\_\_\_\_ BY \_\_\_\_\_