## <u>Directions for Adult's Safe Environment Background Check</u> (required every 5 years)

### Please:

- 1) Fill out Forms J (1-sided) and Form K revised 1/2018 (2-sided);
- 2) On Form K check the box check the appropriate box:
  - If ministry is with <u>school</u>, either paid or unpaid, check the box beside "Private, Parochial, or Church School Employee or Student Teacher."
  - If ministry is not with school but only with parish or other diocesan, check the box beside "Youth Camp Employee, Contractor, or Volunteer."
- 3) Sign and date, and have a witness sign and date <u>each</u> form—dates must match and be current;
- 4) Submit a copy of the front of the **driver's license**, (or social security card or birth certificate);
- 5) Include payment, if possible—
  - Diocese pays to complete background checks: Diocese pays \$20 for school personnel (paid or volunteer) and \$35 for non-school personnel (paid or volunteer).
  - Payment for employees should be sent payable to the Diocese of Owensboro for the full amount. For volunteers, a \$10 check payable to Kentucky State Treasurer OR the Diocese of Owensboro helps with costs but is not required; and
- 6) Send all documents and payment to Safe Environment Office, McRaith Catholic Center, 600 Locust St., Owensboro, KY, 42301. Please do not submit forms directly to the agencies.

The forms will be sent to the necessary agencies for processing, and both the individual and the ministry location will be notified at completion.

## AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE (CRIMINAL BACKGROUND) REPORT

I, the undersigned, do hereby authorize **The Diocese of Owensboro, Kentucky** to procure investigative reports on me. This is a continuing authorization which shall remain effective until revoked in writing or until my relationship with The Diocese of Owensboro is terminated.

These above-mentioned reports may include employment and education verification, personal references, citations, a social security number verification, present and former addresses, criminal and civil history/record, and any other public record and any other information bearing on my worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to **The Diocese of Owensboro.** If adverse information is received by **The Diocese of Owensboro**, I understand that I will have thirty (30) days to challenge any finding that I believe to be incorrect following disclosure of such information to me.

I further authorize any governmental agency who may have information relevant to the above to disclose the same to **The Diocese of Owensboro**, including any courthouse, any public agency, any and all law enforcement agencies, regardless of whether such governmental agency compiled the information itself or received it from other sources.

I hereby release **The Diocese of Owensboro** and any and all governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, providing, and/or assisting with the compilation or preparation of the investigative report hereby authorized. I authorize **The Diocese of Owensboro**, through its appropriate representatives, to use and disclose any information obtained by or provided to such Diocese with respect to me as reasonably necessary or convenient from time to time in the course of the Safe Environment Program or similar program conducted by the Diocese and the foregoing release applies to the utilization of such information.

PRINTED NAME:

	First Name	Full Middle Na	me	Maiden Name	Last Name
SOCIAL SECURITY NU			DAYTIME PHONE		
DATE OF BIRTH: (MM/D	D/YY)			GENDER:	_
COMPLETE RESIDENTI	AL ADDRESS:				
		Street Number/P.C	O. Box	Street 1	Name
City		State		Zip Code	County
Street Number/P.O. Box	Street Name	City	State	Zip Code	County
Street Number/P.O. Box	Street Name	City	State	Zip Code	County
Street Number/P.O. Box	Street Name	City	State	Zip Code	County
Name of Place(s) Wh	nere You Wish to	Minister with Yo	outh:		
Please Check All That App	ply: Clergy	☐ Employee	□ Vo	olunteer Other:	
* SIGNATURE:				DA	ATE:
* WITNESS SIGNATUI	RE:			DA	ATE:

**Revised October 2012** 

DPP-156 (R. 1/18) 922 KAR 1:470

# COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES Department for Community Based Services

FORM K (P.1 OF 2)

#### **CENTRAL REGISTRY CHECK**

LEN	TITICIZZZ A DAM		A TITTIADI71	EC A CITTED ADDICE/N	TECT FOT (CAN)		
		IINISTRATIVE REGULATION A			` ,		
		NDITION OF EMPLOYMENT O					
		ED BELOW THAT APPLIES TO	YOU FOR	WHICH THE CHILD	ABUSE UK		
		K IS BEING REQUESTED:		1	1 1 022 IZAI		
	C	Agency (Foster/Adoption/Independent	nt Living) En	iployee or volunteer (Re	equired by 922 KAI		
1:310	,		,	(D : 11	022 KAD 1 200)		
	Residential Child-Caring Facility Employee or Volunteer			(Required by 922 KAR 1:300)			
,		up Home/Emergency/Wilderness)	C 1 1	D 1D '' M1'	C '114 1		
□ F	Public School E	mployee, Student Teacher, Contract	or, or School-	•			
Private, Parochial, or Church School Employee or Student Teacher				` .	(Required by KRS 160.380)		
		- ·		(Permitted by KRS 160.151)			
		nployee, Contractor, or Volunteer	` -	•	* *		
_		ey Regarding the Care and Custody	` .	(Required by KRS 403.352)			
□ 2	Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)				y 907 KAR 1:145)		
secur	LECT CHECK ity card, or birtle	(Please print and submit identifying		1 0 1			
_ ,	E:	,	ginformation	such as a copy of your di	river's license, socia		
	<b>E:</b> (first)	h certificate):  (full middle name)	; information	(maiden/nickname)	river's license, socia		
Sex: _	(first)	,		(maiden/nickname)			
	(first)Race:	(full middle name)		(maiden/nickname)			
Date o	(first)Race: of Initial Hire:	(full middle name)Date of Birth:		(maiden/nickname)			
Date o	(first)Race: of Initial Hire:	(full middle name)  Date of Birth:		(maiden/nickname)			
Date o	(first)Race: of Initial Hire: entAddress:	(full middle name)Date of Birth:	Social Secu	(maiden/nickname) rity #:	(last)		
Date o	(first)Race: of Initial Hire: entAddress:	(full middle name)Date of Birth:	Social Secu	(maiden/nickname) rity #:	(last)		
Date o Prese Previ	(first)Race: of Initial Hire: entAddress: ous Address:	(full middle name)  Date of Birth:	Social Secu	(maiden/nickname)  rity #:  State	(last) Zip Code		
Date o Prese Previ	(first)Race: of Initial Hire: entAddress: ous Address:	(full middle name)Date of Birth:	Social Secu	(maiden/nickname)  rity #:  State	(last) Zip Code		
Date of Prese Previ	(first)Race: of Initial Hire: entAddress: ous Address: ous Address:	(full middle name)  Date of Birth:	Social Secu	(maiden/nickname)  rity #:  State  State	(last) Zip Code Zip Code		
Date of Prese Previ	(first)Race: of Initial Hire: entAddress: ous Address:	(full middle name)  Date of Birth:	Social Secu	(maiden/nickname)  rity #:  State  State	(last) Zip Code Zip Code		

KentuckyUnbridledSpirit.com

**Previous Address:** 

Kentucky Kentucky

City

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

An Equal Opportunity Employer M/F/D

State

Zip Code

A check or money order made payable to the "Kentucky State Treasurer" 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. Mail check or money order and this completed form to:

Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621

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 inf	formation needed, I ma	y be subject to	prosecution for fraud.
Signature of th	e Individual Submitting to	o the Child Abuse or N	eglect Check	Date
Witness				Date
Disclose Protedisclose additional employer or a	ected Health Informatio onal information regardir	on form, authorizing to	the Cabinet for nployer or ager	CHFS-305, Authorization to Health and Family Services to acy listed below should the 10, Authorization for disclosure
the results with	the following employer of	or agency:		nd Family Services to share  (Office of Safe Environment)
				Owensboro
				(270) 683-1545
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 ONBY				

DPP-156 (R. 1/18)

922 KAR 1:470