



Background Check

Authorization for Release of Information

RUSH (IMMEDIATE)

REQUIRED - SCCS Designee to Complete: (One Form Per Person) (Print Clearly)

Person Name: _____ Person I.D #: _____ Not in SACWIS
 Case Name: _____ Case #: _____
 Provider Name: _____ Provider#: _____
 Caseworker Name: _____
(Name) (Ext.)

Purpose: **PLACEMENT** Kinship Caregiver Applicant Adoptive Parent Applicant Foster Home Applicant
 Safety Plan Monitor Household Member Alternative Caregivers
 Recertification/Adoption Update
 OTHER THAN PLACEMENT Client Client's significant other Other: _____

Additional Checks To Be Completed by Security:

Sex Offender Traffic Citations Foreclosures/Bankruptcy

PLEASE CONDUCT A BACKGROUND CHECK ON THE FOLLOWING PERSON: (Full Legal Name) (PRINT CLEARLY)

| | | | |
|-------------------|--------------------------|---------------------|--|
| <i>Last Name</i> | <i>First</i> | <i>Middle</i> | <i>Prior Names (All Maiden Names, Aliases, etc.)</i> |
| _____/_____/_____ | _____-_____-_____ | _____-_____-_____ | (_____)_____-_____ |
| <i>DOB</i> | <i>Social Security #</i> | <i>Phone Number</i> | <i>Length at present address</i> |

Address: (Street Number and Name) (Apt. #) _____ *City* _____ *State* _____ *Zip* _____

Previous Address: (Street Number and Name) (Apt. #) _____ *City* _____ *State* _____ *Zip* _____

If you have lived outside of Summit County or Ohio, list locations and dates: _____

Were you ever charged and/or convicted of a crime against a child? No Yes, If yes, the charge/conviction was:

Driver's License or ID#: _____ Issuing State: _____ Expiration Date: _____

Driver License Valid: Yes No, If no, why _____

Demographic Information:

Race: American Indian Alaskan Native Other Pacific Islander Black/African American
 Asian Native Hawaiian White Declined (When Asked The Person Refused to State their Race)

Ethnicity/Ancestry: Hispanic/Latino Yes No
 Declined (When Asked The Person Refused to State their Ethnicity/Ancestry)

Signature: _____ Check if refused to sign Date: ____/____/____

PRINT CLEARLY

DO NOT WRITE BELOW THIS LINE: (Security to Complete)

Summit County Website (SCCJIS) **None Found** **Attached Record Found**

Thomson Reuters - CLEAR **None Found** **Attached Record Found**

WARRANT INFO: _____

Please Note: *When completing background checks, we make every effort to provide accurate and complete information. We can only report the information which is available to us on public records websites. However, we cannot guarantee the accuracy or completeness of the information. If you are aware that an individual has a criminal history, please briefly note that information on the background check request.*

Background check completed by: _____ **/ /**
(Security Staff) **(Date)**

The checklist below identifies the flow for processing background checks, the individual completing each process and the date completed. This document should remain attached to the background check when returned to the social worker.

| Checklist: | Completed By | Date |
|--------------------------------|---------------------|-------------|
| Summit County Website (SCCJIS) | | |
| Thomson Reuters - CLEAR | | |
| Security Supervisor's Review | | |

COMMENTS: