

RUSH (IMMEDIATE)       NON-RUSH TO BE COMPLETED BY: \_\_\_\_\_  
(Date)      (Time)

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

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

**Comments:**

**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  
 Only Summit County Domestic Relations/CPO

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

<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>
<i>Address: (Street Number and Name) (Apt. #)</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Previous Address: (Street Number and Name) (Apt. #)</i>		<i>City</i>	<i>State</i> <i>Zip</i>

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Summit County Website (SCCJIS)	<input type="checkbox"/> N/A	<input type="checkbox"/> None Found	<input type="checkbox"/> Attached Record Found	<input type="checkbox"/> Site Unavailable
OpenOnline Ohio Realtime	<input type="checkbox"/> N/A	<input type="checkbox"/> None Found	<input type="checkbox"/> Attached Record Found	<input type="checkbox"/> Site Unavailable
OpenOnline National	<input type="checkbox"/> N/A	<input type="checkbox"/> None Found	<input type="checkbox"/> Attached Record Found	<input type="checkbox"/> Site Unavailable
Accurint	<input type="checkbox"/> N/A	<input type="checkbox"/> None Found	<input type="checkbox"/> Attached Record Found	<input type="checkbox"/> Site Unavailable

**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:	N/A	Completed By	Date
Summit County Website (SCCJIS)			
OpenOnline Ohio Realtime			
OpenOnline National			
Accurint			
Security Supervisor's Review			

**COMMENTS:**