Summit County CHILDREN SERVICES
Building Families . . . Building Futures

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)*

Last Name	*First*	*Middle*	*Prior Names (All Maiden Names, Aliases, etc.)*

/ / - - ( ) -
DOB *Social Security #* *Phone Number* *Length at present address*

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:** ___ / ___ / ___

(Over)

P R I N T C L E A R L Y

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: