

## Consent for Criminal Records and Fingerprint Check

In order to ensure the safety of children served by the Department of Human Services (DHS), background information on prospective care-givers, other individuals who live in a prospective care-givers home and other prospective service providers is collected and evaluated. By your signature, you authorize DHS to obtain information about you from the Federal Bureau of Investigation, the Oregon State Police and other law enforcement agencies, courts and other record sources. You also consent to be fingerprinted per OAR 413-120-0460.

**MUST BE COMPLETED BY A DHS LOCAL OFFICE**

Local office requests emergency LEDS check from Background Check Unit (BCU) (for emergency placement purposes only)

**Subject individual status** — At least one of the following must be checked before consent will be processed. Do not use this form for biological parents or other persons in biological parent's home, unless the parents are being studied as a result of an Interstate Compact on the Placement of Children (ICPC) request from another state.

System of care contractor

**Foster care/relative care-giver**

Regular foster care applicant

Child-specific certification, case number: \_\_\_\_\_

Respite provider

Other person in household, name of applicant: \_\_\_\_\_

Foster home renewal, renewal date: \_\_\_\_\_

**Adoption**

General adoption applicant

Child-specific applicant, case number: \_\_\_\_\_

Other person in household, name of adoptive applicant: \_\_\_\_\_

Adoptive home study update, due date: \_\_\_\_\_

**ICPC**

ICPC foster/relative applicant

ICPC adoption applicant

ICPC parent

ICPC other person in household, name of applicant or parent: \_\_\_\_\_

Print name of requestor

Phone number

Date

Local office name and number

**SUBJECT INDIVIDUAL INFORMATION**

Print name (last, first and middle):

Other names (maiden, previous married name(s), aliases, legal name change or assumed name(s)):

Driver's license and issuing state:

Date of birth:

Sex:

M  F

Phone number:

Home and mailing address (include apartment or space number):

City:

State:

ZIP code:

**Authorization** — DHS use and disclosure of social security number: OAR 413-120-0460 authorizes DHS to request that you voluntarily provide your social security number to this agency for use as an identification number for criminal records checks. Failure to provide your social security number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public. By signing this consent to disclose social security number, you authorize DHS to disclose your social security number to others if such disclosure is necessary for the purpose stated above.

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Subject individual's signature

**Consent for criminal records and fingerprint check continued.**

**SUBJECT INDIVIDUAL PLEASE COMPLETE, SIGN AND DATE**

WARNING: Falsely responding (*not listing crimes you have been arrested for or convicted of*) to any of the questions listed below may result in denial of approval:

1.  Mark this box only if this is a renewal application and authorization for criminal history information and you HAVE NOT been arrested or convicted of a crime within the renewal period (*usually 1 or 2 years*). If you have been arrested or convicted of a crime within the renewal period, proceed to 3 and 4.
2. Have you lived outside of Oregon anytime during the last 5 years?  Yes  No If yes, where have you lived? \_\_\_\_\_
3. Have you ever been arrested for any crime?  Yes  No If yes, use the space provided below to describe the circumstances by which you were arrested for the crime(s) and provide any information you have to help us understand why you believe your arrest(s) will NOT pose a risk to children at this time.

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4. Have you ever been convicted of any crime?  Yes  No

If yes, use the space provided below to describe the circumstances by which you were convicted for the crime(s) and provide any information you have to help us understand why you believe your conviction(s) will NOT pose a risk to children at this time.

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**Subject Individual's signature:** "I have reviewed this form as applicable to me. I give permission for DHS to verify any or all information I have provided. By my signature, I affirm that all the information provided on this form and any attachments thereto is true and accurate."

Subject individual signature: \_\_\_\_\_ Date: \_\_\_\_\_

CRIMINAL RECORDS CHECK RESULTS			
<b>Oregon driver's license:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> Suspended ODL
<input type="checkbox"/> No Oregon record	<input type="checkbox"/> Instructional permit	<input type="checkbox"/> Concealed weapons license	<input type="checkbox"/> Revoked ODL
<b>LEDS/OJIN results:</b>	<input type="checkbox"/> No record	<input type="checkbox"/> Record exists	<input type="checkbox"/> No new crimes ( <i>renewals only</i> )
<input type="checkbox"/> Lived outside Oregon	<input type="checkbox"/> Possible match	<input type="checkbox"/> Disclosed crime, no record	<input type="checkbox"/> Send fingerprints to BCU
<input type="checkbox"/> Fingerprint check in process	<input type="checkbox"/> Multi-state offender		
<input type="checkbox"/> Fingerprint check not required			
LEDS Response prepared by: _____		_____	
	Signature		Date
<b>FBI results:</b>	<input type="checkbox"/> No record	<input type="checkbox"/> Confirmed crimes noted on LEDS/OJIN	<input type="checkbox"/> No new crimes ( <i>renewals only</i> )
<input type="checkbox"/> Crimes not previously noted on LEDS/OJIN found and attached		<input type="checkbox"/> Positive identification established	
<input type="checkbox"/> Previous possible match was negative—destroy any LEDS/OJIN reports on previous positive match			
FBI response prepared by: _____		_____	
	Signature		Date
Sign here if history only includes arrests that do not require management review/approval, and there is no history of criminal convictions ( <i>wait until FBI check (if required) is complete before signing</i> ):			
_____		_____	
	Signature		Date