



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
ChildLine and Abuse Registry P.O.
BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE**

I, (_____), hereby authorize the Department of Public
Applicant's Name

Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information

directly to (CARE ZONE HOME CARE AGENCY, LLC).
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by (CARE ZONE HOME CARE AGENCY, LLC).
Name of Requesting Agency

without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code.

I also understand that the aforementioned information will not be released directly to me
(_____) as stated on the
Applicant's Name

Pennsylvania Child Abuse History Clearance application. I understand that I will not receive a copy of my

Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of
my Pennsylvania Child Abuse History Clearance from (CARE ZONE HOME CARE AGENCY,
LLC).

Name of Requesting Agency

upon written request. I have read this Consent/Release of Information Authorization form and fully
understand and agree to its content. I further understand and agree to all information and ramifications
of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

Date

Applicant's Signature

Please send my clearance result(s) to:

Agency Name: **CARE ZONE HOME CARE AGENCY, LLC.**
Attn: **Human Resource Department**
Agency Street Address: **3303 Maryland Avenue**
Agency City, State, Zip Code: **North Versailles, PA 15137**

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M F

COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your **PROCESSED** "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their **PROCESSED** FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE)
2. (LAST, FIRST, MIDDLE)
3. (LAST, FIRST, MIDDLE)
4. (LAST, FIRST, MIDDLE)
5. (LAST, FIRST, MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE