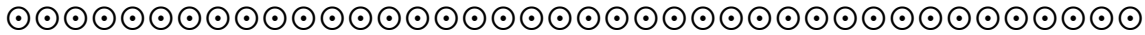


Instructions for the completion of Indiana Request for a Child Protection Services (CPS) History Check, State Form 52802 (R3 / 12-10) / CW 2128

The request is not considered accepted until all information is completed and correct. Forms will be returned for corrections when any of the below instructions are not followed or the request is not on the appropriate form. Please type the information on the form then print and have the subject of the check or the subject's representative sign the release of information.



Indiana does not complete CPS request on foster children under the supervision of DCS or those children who are pre adoptive placements, when the CPS check is being completed for the purpose of that child's adoption.



Notice to CPS searches generated by requestors outside of Indiana or for those requests done for adoptive homes, please note-you must know your search period requirements! **If for any reason a search period includes years prior to 1998, do not send the request to central office.** DCS Central Office is located at 302 W. Washington Street, Rm. E306, MS 08, Indianapolis, Indiana 46204. The fax number to central office is 317-234-4633 and the following staff members are located in Central Office; Dan Dunbar, Cindy Hewett, Scott Hood, or Regina Ashley. If the search includes dates prior to 1998, the request **MUST** be sent to the local DCS office in the county of interest for that date.



Send the completed request to the appropriate local DCS office by mail or fax. To obtain the local office contact information go to www.IN.gov/DCS and click on "Contact Us" on the left side of the page and click on "Local".

If all periods of search are after 1998, the request can also be completed by DCS Central Office Background check unit. Request may be mailed, faxed or scanned and e-mailed. Central Office Background Check unit fax number is 317-234-4633 or it may be scanned and e-mailed to background.checkunit@dcs.in.gov. If request is sent to Central Office Background Check Unit, the requesting organization will receive the completed results or returned request for corrections within 10 working days by fax or e-mail. Do not send duplicate request. After 10 working days, please call 317-234-5001 or e-mail us at background.checkunit@dcs.in.gov if you have not received completed results or if you have not received the form back for corrections.

If the form is sent back for corrections and clarifications, the 10 working day processing time does not begin until the day that the request has been received and accepted as complete and accurate.

If you have any questions, please e-mail them to background.checkunit@dcs.in.gov

Section A-

This section is to be completed by the **Requesting Organization** about the applicant. **Do not have the applicant complete section A.**

- **Question 1-**Provide the **applicant's** full legal first, full legal middle and full legal last name as it appears on an official document. If no middle name or initial given at birth indicate "no middle"
- **Question 2-** Mark the appropriate box or boxes for the reason(s) the applicant is having this CPS check completed at this time. Mark all boxes that apply to the applicant at this time.
 - Foster Care-**Is the applicant living in a home that is applying to be a licensed foster family home or is the home being relicensed as a foster family home?
 - Adoption-**Is the applicant living in a home that is having a homestudy completed for the purpose of adoption or finalizing an adoption?
 - Employment-**Is the applicant applying to work or working for an organization and the completion of a CPS search is required?
 - Volunteer-**Is the applicant volunteering for an organization and the completion of a CPS search is required?
 - Unlicensed Relative Placement-**Is the applicant living in a household that is being considered as a placement option for a child under DCS (or other state welfare agency) supervision?
 - Other-**If none of the above applies, mark "Other" **and** complete the blank to explain the purpose of the check.
- **Question 3-**Mark the appropriate box indicating the type of organization that is requesting this CPS request. Also, complete the corresponding blank with the requesting organization's name.
- **Question 4-** Enter the contact person name within the requesting organization. This is the person that any returns, questions and/or completed results will be addressed.
- **Question 5-** Enter the phone number (include area code) of the person indicated in question 4.
- **Question 6-**Enter the fax number (include area code) to return the completed request. This fax number provided should be available 24/7 as these requests may be returned at any time and not necessarily during the requestor's business hours.
- **Question 7-**Enter the complete mailing address of the requesting organization.
- **Question 8-**Enter the e-mail address of the person listed in question 4.

Section B-

This is to be completed by the applicant or the representative (parent/guardian) if the applicant is a minor. The requesting organization is not to complete this section.

- **Question 9-** The applicant should sign their legal name or if a minor applicant the representative should sign
- **Question 10-** Enter the relationship of the signor in question 9 to the subject of the check.
- **Question 11-** Enter the date the applicant or applicant’s representative signed the form. Note: The check can only be completed for 60 days after this date.
- **Question 12-** Mark the appropriate box for the applicant’s gender.
- **Question 13-** Type or Print name exactly as signed in Question 9 above.
- **Question 14-** Enter the applicant’s date of birth
- **Question 15-** Enter the applicant’s race
- **Question 16-** Enter the applicant’s current residential address, include city, state and zip code.
- **Question 17-** Enter the last four numbers of the applicant’s Social Security number. If the applicant has applied for this number but has not yet received, enter “pending” in the blank. If the applicant does not have a social security number for any other reason, provide an explanation of why in this space. In addition, if the applicant has ever had a different social security number at any time or under any other name, also provide that number here.
- **Question 18-** Provide the **name of each Indiana county(ies)** that the applicant lived beginning with the current or most recent county in 18a. Continue to list in descending order to the oldest in 18b through 18e. For each county **provide a beginning and ending year** of residency within that individual county. If an applicant has resided in the same Indiana county the entire period, provide the county name and the begin year and indicate the end as “current” or “present”. Attach additional sheet of paper if more space is needed.

NOTE: When the applicant has a permanent residential address and a school address within two separate Indiana Counties during the same years, please indicate one as “home” and the second as “school”. This type of explanation is also necessary when any other type of permanent and/or temporary addresses exist.
- **Question 19-** Has the applicant ever, at any time during his/her lifetime, used a different first, middle and/or last name than indicated in Question 1 at the top of the form. This will include names prior to an adoption, maiden names, previous married names, nick names, shortened first names or use of middle name as commonly used first name, or change in middle name due to using maiden name as middle name after marriage or a combination of any of the above. If the answer is NO, please stop. If the answer is YES, complete 19a – 19e. Attach additional page if necessary.

The requesting organization shall retain the original for their file and submit a copy to the appropriate DCS location(s) for completion.

Section C-

This section is to be completed by **Indiana Department of Child Services personnel** only.

- **Question 20-**If the reason for the search is indicated to be employment or volunteer in question 2 above or the applicant is a minor, mark the N/A box and move to question 21 otherwise complete question 20.

Do a *statewide* resource search within ICWIS. Indicate whether the applicant has ever applied for licensure or been licensed as a foster parent within Indiana. Record results in question 20. If no, proceed to question 21

If yes, proceed and answer the remainder of question 20 by doing a *statewide* search to determine if the foster care license has ever been denied, closed (including transfer) or revoked. If the answer is yes, notate whether it was denied, closed or revoked, the date of the action, and the dates of licensure in the blank provided.

- **Question 21-** For searches in years 1998 to current, do an ICWIS *statewide* search of this applicant, checking every alias listed on request form. Complete an investigation of all parties with name matches, even those without DOB and SS#. If the person has a name match and is a perpetrator on the assessment, investigate further using the information within the assessment and information provided on the request form to determine if this is the same person and if the assessment resulted in a substantiation of abuse or neglect. If yes, mark the box; provide the month/year the assessment was approved, the type of abuse or neglect (sexual abuse, physical abuse or neglect) and the local office and phone number that completed the assessment.
- **Question 22-**If only an ICWIS *statewide* search is completed that covers the years 1998 through the present date, do nothing. If paper records in a local office were searched in addition to the statewide ICWIS search, mark the box indicating this and enter the county name that the local office records were located that were included in the search.
- **Question 23-**The Indiana DCS staff person completing Section C will sign their name
- **Question 24-**The person completing the search will enter their job title.
- **Question 25-**The person completing the search will enter the date completed.
- **Question 26-**The person who signed in question 23 will print their name exactly as signed.
- **Question 27-**Designate the assigned office location of the person signing in question 23 either by entering the county name in the appropriate blank or circling "Central Office Background Check Unit".