

UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF LICENSING  
120 North 200 West #303, Salt Lake City, Utah 84103

**CBS USE ONLY**

**BACKGROUND SCREENING APPLICATION**  
for Programs Licensed to Provide Services to Children or Vulnerable Adults  
(Foster, Proctor, Professional Parents & Adoptive Parent for a Child in State Custody)

**APPLICANT AUTHORIZATION AND RELEASE**

This section to be completed by the Applicant.

Incomplete/illegible applications or applications submitted without a copy of a current valid state driver license or state identification card issued by the Division of Motor Vehicles will be returned. **Please use blue, purple or green ink (no black or light pastel).**

1. Applicant Information		Full Middle Name - If no middle name, write NA		Last Name	
All Maiden/Alias/Previous Married Names					
Current Address			City	State	Zip Code
Date of Birth ____ / ____ / ____			Social Security No. ____ - ____ - ____		
2. I hereby authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any and all information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Rule 501-14. The release of any and all information is authorized whether the same is of record or not. I do hereby release the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify that my answers contain no misrepresentations or falsifications, and that the information is true and complete to the best of my knowledge. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being delayed or denied.					
Applicant Signature				Date	
<b>Applicant proceed to Page 2 to complete the Applicant Section of the Background Screening Application.</b>					

**LICENSED PROGRAM CERTIFICATION AND RELEASE**

This section is to be completed by the Foster Care Licensor or the Authorized Representative for the Licensed Program. **Complete all fields.** Incomplete/illegible applications or applications submitted without a copy of a current valid state driver's license or state identification card issued by the Division of Motor Vehicles will be returned. **Please use blue, purple or green ink (no black, light or pastel colors) or machine print.**

3. Name of Licensee or DHS Licensor			Phone Number		
Address		City	State	Zip Code	
4a. Is the applicant applying to provide foster, proctor or professional parent services?			<b>CPF</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4b. Is the applicant applying to provide foster, proctor or professional parent services for a child in state custody for the first time, or for the first time under a new or different agency, or to adopt a child in state custody? For other adults living in the home, see instructions. <b>If yes to 4b, the applicant must comply with items 7 and 11 on Page 2.</b>			<b>AW</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I certify that I have inspected the applicant's state driver's license or state identification card, it does not appear to have been forged or altered, and it appears to be identical to the original. I have reviewed this completed application and it contains no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.					
Printed Name of Authorized Program Representative or DHS Licensor		Signature of Authorized Program Representative or DHS Licensor		Date	
<b>Proceed to Page 2 to review the remaining applicant information and for helpful tips.</b>					

**DO NOT WRITE OR MARK IN THE SPACE BELOW. THIS SPACE IS FOR CBS USE ONLY. STAMPS BELOW DESIGNATE APPROVAL.**

PL 109-248	PL 109-248 CAN	62A-2-120	LIS-C	MIS-A
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**APPLICANT INFORMATION CONTINUED**

Full First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>Read each box. Answer the following questions. Use the back of this page or attach another page if you need more space. Use blue, purple or green ink (no black or pastel ink).</b>					
<b>A crime is any unlawful activity; an act committed in violation of a law forbidding it; an act that is punishable upon conviction; any infraction, misdemeanor or felony.</b>					
6. Have you ever been <b>charged</b> with a crime by any law enforcement authority? Disclose all criminal offenses even if they were later dismissed or you completed a plea in abeyance or diversion program whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If yes to 6, attach a certified court docket or other certified record indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement.</b>					
7. In the last five (5) years, have you lived in, or have you spent six (6) or more consecutive weeks in a U.S. state besides Utah? <b>If yes, list each state separately</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
STATE	COUNTY	FROM month/year	TO month/year	<b>Was this your residence?</b>	
				Yes	No
				Yes	No
				Yes	No
8. Are you applying to provide foster or proctor care or professional parent services, or as the prospective adoptive parent for a child in state custody?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Is this your first background screening application with the licensed program named on Page 1?			Yes	No	
10. If you answered Yes to 8, have you been associated with the licensed program name on page 1 continuously, without interruption, since you first submitted a background screening application?			Yes	No	
<b>11. State and federal legislation require compliance with fingerprint-based checks of national crime information databases, and state child abuse registries for prospective foster, proctor or adoptive parents of a child in state custody. Therefore, if you are a prospective foster, proctor, professional or adoptive parent of a child in state custody, proceed to 11a.</b>					
11a. If you answered Yes to question 7, or Yes to questions 8 and 9, or No to question 10		You must submit either <u>two</u> completed fingerprint cards with this form and a money order, cashier's check or company check for \$24.00 for each applicant payable to the Department of Public Safety, <b>OR</b>  You must submit a money order, cashier's check or company check for \$39.00 for each applicant payable to the Department of Human Services to receive an authorization from the Office of Licensing that you will need to present at the time of electronic fingerprint submission. See the instruction sheet for further direction and authorized electronic fingerprint submission sites.			
12. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive weeks in a foreign country or U.S. Territory other than the U.S. ? See the instruction sheet for further direction.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COUNTRY		FROM month/year	TO month/year		

**Tips for Authorized Representatives or DHS Licensors**

- a Applicant and program information is complete, accurate and legible.
- a Copies are readable (driver license, state identification card, court records, supplemental information, etc.).
- a Consult the Office of Licensing website for more helpful information at [www.hslic.utah.gov](http://www.hslic.utah.gov). Follow the links related to background screening.
- a For hard copy fingerprint cards, the cashier's check, money order or company check for \$24.00 is payable to the DEPARTMENT OF PUBLIC SAFETY.
- a For electronic fingerprint submission, the cashier's check, money order or company check for \$39.00 is payable to the DEPARTMENT OF HUMAN SERVICES. Upon our receipt of the payment, we will send the program authorization for electronic fingerprint submission.
- a Out-of-country criminal background checks require an original letter of honorable release from the U.S. military or full-time ecclesiastical service from each country lived in, or contact the country's embassy in Washington, D.C. for further instructions for obtaining the criminal history check.
- a Background Screening Unit Fax: 538-4669. Fax us notice on letterhead stationery if the person is no longer associated with your program.
- a In correspondence to us provide the applicant's first name, last name, and last four digits of the social security number.
- a Any questions, call your licensor, your background screening technician or the Office of Licensing receptionist at 801-538-4242.