

Department of Health and Human Services
Authorization for Background Checks

MC Number:	Reason: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Update <input type="checkbox"/> New Household Member <input type="checkbox"/> Other
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DHHS Representative/Agency:	DHHS Representative Supervisor/Agency Representative:
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PROVIDER INFORMATION AND AUTHORIZATION TO CONDUCT BACKGROUND CHECKS

Applicant #1 Name: (First, MI, Last)	SSN:	Gender:	Date of Birth:	Race/Ethnicity:

Current Address: _____

All Former Names:	Previous Addresses for the Last 5 Years (Include City and State):

Applicant #2 Name: (First, MI, Last)	SSN:	Gender:	Date of Birth:	Race/Ethnicity:

Current Address: _____

All Former Names:	Previous Addresses for the Last 5 Years (Include City and State):

Applicant #3 Name: (First, MI, Last)	SSN:	Gender:	Date of Birth:	Race/Ethnicity:

Current Address: _____

All Former Names:	Previous Addresses for the Last 5 Years (Include City and State):

Applicant #4 Name: (First, MI, Last)	SSN:	Gender:	Date of Birth:	Race/Ethnicity:

Current Address:

All Former Names:	Previous Addresses for the Last 5 Years (Include City and State):

As prospective providers of services to children and families, I/we understand the need for and give permission and authorization to the Nebraska Department of Health and Human Services or Contractor for Case Management to have my/our name(s) and those in my household, eighteen (18) years of age or older checked through: 1) Law Enforcement Agencies concerning contacts, citations, arrests; 2) Nebraska Child Abuse and Neglect Central Registry; 3) Nebraska Adult Abuse and Neglect Central Registry; 4) National Sex Offender Public Website; 5) Records through the Nebraska Data Exchange Network (NDEN); and 6) National Criminal History Fingerprint based Records through the FBI, for all household members eighteen (18) years of age or older.

I/We understand that the information received will be utilized by the Nebraska Department of Health and Human Services and/or Contractor for Case Management in making decisions regarding the placement and care of children in my/our home. I/We also understand that completion of this form does not guarantee that children will be placed in my/our home.

All adults who are 19 years of age and older must sign and date below. For those who are 18 years old, a parent or guardian must sign on their behalf. Signatures are valid for a period of 2 years from the date of the signature.

Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date: