



## REQUEST FOR BACKGROUND CHECK

**\*\*The entire form must be completely filled out or your request will not be completed\*\***

DATE OF PLACEMENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm) (dd) (yyyy)

### REASON FOR BACKGROUND CHECK

(Please select one option)

Initial Foster Care License \_\_\_\_\_

Foster Care License Renewal \_\_\_\_\_

Child Specific Placement \_\_\_\_\_

Relative Placement \_\_\_\_\_

Emergency Placement \_\_\_\_\_

Respite \_\_\_\_\_

Suitability \_\_\_\_\_

Contact \_\_\_\_\_

Visitation \_\_\_\_\_

Safety Monitor/Participant \_\_\_\_\_

Adoption \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING

Organization ID# \_\_\_\_\_

MC# \_\_\_\_\_

Children and Family Services Specialist Name:  
\_\_\_\_\_

Family Licensing Specialist Name:  
\_\_\_\_\_

**Please return request to:**

DHHS.SESABackgroundChecks@nebraska.gov

Fax: (402) 471-8187

Nebraska Department of Health and Human Services

Children and Family Services

## Authorization and Notification for Background Information Review

**\*\*DHHS must have a signed release to complete background checks; except for investigation purposes.**

Nebraska Department of Health and Human Services regulations and/or state statute require that certain checks be done for persons applying to be licensed or approved as foster parents and for certain other persons who reside in their home.

I/We, as prospective foster and/or adoptive parent(s), understand the need for and give permission to Nebraska Health and Human Services and/or contractor to contact law enforcement personnel about my/our character and background, to include but not limited to, the Nebraska Sexual Offender Registry, sexual offender registries in any other jurisdictions, and criminal background checks, as well as with the Department of Motor Vehicles on any adults residing in the home 18 years or older. I/We also give the Nebraska Department of Health and Human Services permission to conduct a check of the Adult Protective Services Registry and the Child Protective Services Register on myself/us and any minor children in our home 13 years of age or older. I/We understand this information will be used in the context of licensure or approval of a foster home, or completion of a home study for placement of a child who is a ward of the Nebraska Department of Health and Human Services or another state. I/We also give permission to contact the counterparts of Health and Human Services, law enforcement and Department of Motor Vehicles in other cities and states I/we have resided.

The following information is required for positive identification for the screening checks to be complete. Include all persons residing in the home who are 13 years of age or older. Please circle the name(s) of any children listed below who are not under your legal guardianship.

Applicant's Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

Please list **ALL** members in household including **SELF**.

<p>Name: _____ <b>Please print</b></p> <p>All Former names: _____</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>Race: _____ Gender: _____</p> <p>Relationship: _____</p> <p><b>*Previous Address(s) for last 5 years with dates of residency:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name: _____ <b>Please print</b></p> <p>All Former names: _____</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>Race: _____ Gender: _____</p> <p>Relationship: _____</p> <p><b>*Previous Address(s) for last 5 years with dates of residency:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

Name: _____ Please print All Former names: _____ Social Security #: _____ Date of Birth: _____ Race: _____ Gender: _____ Relationship: _____ *Previous Address(s) for last 5 years with dates of residency: _____ _____ _____	Name: _____ Please print All Former names: _____ Social Security #: _____ Date of Birth: _____ Race: _____ Gender: _____ Relationship: _____ *Previous Address(s) for last 5 years with dates of residency: _____ _____ _____
---	---

Name: _____ Please print All Former names: _____ Social Security #: _____ Date of Birth: _____ Race: _____ Gender: _____ Relationship: _____ *Previous Address(s) for last 5 years with dates of residency: _____ _____ _____	Name: _____ Please print All Former names: _____ Social Security #: _____ Date of Birth: _____ Race: _____ Gender: _____ Relationship: _____ *Previous Address(s) for last 5 years with dates of residency: _____ _____ _____
---	---

**Convictions:** List Details, dates and outcomes (i.e., parole, probation, jail or prison term, fine, community services, etc.) *If you have no felonies/misdemeanors, write "none".* If more space is needed use other side.

Name: \_\_\_\_\_  
Offense: \_\_\_\_\_  
Date: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Outcome: \_\_\_\_\_

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

All adults 18 or older residing in the home must sign and date below. Release is valid for two years after date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*DHHS must have a signed release to complete background checks; except for investigation purposes.