CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILDBUESE HISTORY CERTIFICATION

I, (______________________________), hereby authorize the PA Department of Human Services, ChildLine to
release my Pennsylvania Child Abuse History Clearance information directly to (______________________________).

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by
(______________________________) without my expressed authorization or pursuant to Section 3490.126 of
Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held
criminally liable for a breach of confidentiality related to release of this information. **I also understand that the**
aforementioned information will not be released directly to me (______________________________) as stated
on the Pennsylvania Child Abuse History Certification application. **I understand that I will not receive a copy**
of my Pennsylvania Child Abuse History Certification directly from Childline; however, I may request a copy of
my Pennsylvania Child Abuse History Certification from (______________________________) 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 Certification application
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.
Please send my certification result(s) to:

Agency Name: NDDHS, Criminal Background Check Unit
Agency Street Address: 600 E Boulevard Ave, Dept 325
Agency City, State, Zip Code: Bismarck ND 58505-0250

Date ___________________ Applicant’s Signature ___________________

As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSI and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.

Date ___________________ Agency’s Representative Signature ___________________

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15
PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an $8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. DO NOT send cash.

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED.

IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

☐ Foster parent
☐ Prospective adoptive parent
☐ Employee of child care services
☐ School employee governed by the Public School Code
☐ School employee not governed by the Public School Code
☐ Self-employed provider of child-care services in a family child-care home
☐ An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
☐ An individual seeking to provide child-care services under contract with a child care facility or program
☐ An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
☐ An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
☐ An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
☐ An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year

☐ Volunteer having direct volunteer contact with children

If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:

☐ Big Brother/Big Sister and/or affiliate
☐ Domestic violence shelter and/or affiliate
☐ Rape crisis center and/or affiliate
☐ Other: __________________

☐ PA Department of Human Services Employment & Training Program participant (signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

AGENCY/ORGANIZATION NAME:
NDDHS, Criminal Background Check Unit

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME __________________________ MIDDLE NAME __________________________ LAST NAME __________________________ SUFFIX __________________________

SOCIAL SECURITY NUMBER ____________ ____________ ____________

GENDER ☐ Male ☐ Not reported ☐ Female

DATE OF BIRTH (MM/DD/YYYY) ____________ ____________ ____________ ____________ ____________ ____________

AGE ____________ ____________ ____________ ____________ ____________ ____________

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS

ADDRESS LINE 1 __________________________ ADDRESS LINE 2 __________________________ ADDRESS LINE 3 __________________________

ADDRESS LINE 1 ________________________________________________________________

ADDRESS LINE 2 ________________________________________________________________

ADDRESS LINE 3 ________________________________________________________________

CITY __________________________ COUNTY __________________________ STATE/REGION/PROVINCE __________________________

ZIP/POSTAL CODE __________________________ COUNTRY __________________________

OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)

ADDRESS LINE 1 __________________________ ADDRESS LINE 2 __________________________

ADDRESS LINE 1 ________________________________________________________________

ADDRESS LINE 2 ________________________________________________________________

ADDRESS LINE 3 ________________________________________________________________

CITY __________________________ COUNTY __________________________ STATE/REGION/PROVINCE __________________________

ZIP/POSTAL CODE __________________________ COUNTRY __________________________

Different mailing address ☐

ATTENTION __________________________

CONTACT INFORMATION

HOME TELEPHONE NUMBER __________________________

WORK TELEPHONE NUMBER __________________________

MOBILE TELEPHONE NUMBER __________________________

EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.) __________________________
**PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

### PREVIOUS NAMES USED SINCE 1975
(Include maiden name, nickname and aliases.)

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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
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<tbody>
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### PREVIOUS ADDRESSES SINCE 1975
(Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)

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### HOUSEHOLD MEMBERS
(Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Relationship</th>
<th>Present Age</th>
<th>Gender</th>
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<tbody>
<tr>
<td>1.</td>
<td>Parent</td>
<td>Guardian</td>
<td>person(s) who raised you</td>
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<td>2.</td>
<td>Parent</td>
<td>Guardian</td>
<td>person(s) who raised you</td>
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I affirm 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). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT’S SIGNATURE  

DATE  

### CHILDLINE USE ONLY

- DATE RECEIVED BY CHILDLINE  
- SUFFICIENT PAYMENT INFORMATION RECEIVED  
  - YES  
  - NO  
- VALID PAYMENT AUTHORIZATION CODE  
- CERTIFICATION ID #  

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CY 113 12/15