

**CLEARANCE FORM**

CONFIDENTIAL

Worker \_\_\_\_\_  
Field Office or  
Private Agency

**Instructions:** Complete a separate form for **EACH** foster care applicant, unlicensed relative caregiver, adoptive applicant or guardian, household member age 16 years and older, and adult with direct access to children in the home.

Last Name	First Name	Middle Name	Household Name	
Aliases, Maiden Name, Previous Married Name(s)		Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Place of Birth: City	State	Country	
Driver License Number	State of Issuance	Home Phone Number	Alternate Phone Number	
Physical Address		City	State	Zip
Mailing Address		City	State	Zip

Residency: Alaska \_\_\_\_\_ Yrs \_\_\_\_\_ Mo's      Physically here \_\_\_\_\_ Yrs \_\_\_\_\_ Mo's

Please list your previous residence for the last ten (10) years. Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

Have you been previously licensed to care for children or adults?  
NO       YES  If yes, indicate city, state and type of care and dates of licensure:

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state?  
NO       YES  If yes, attach an explanation

Have you or any household members at any time ever been investigated for child abuse or neglect?  
NO       YES  If yes, attach an explanation.

Do you have a physical, health, mental health or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.  
NO       YES  If yes, attach an explanation.

Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a risk to the health, safety or well-being of children?  
NO       YES  If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense listed as prohibited on the reverse of this form?  
NO       YES  If yes, attach an explanation.

I authorize the department representative to review criminal justice(CJ), including, where applicable, juvenile criminal history, protective service, and licensing records and to share this information (except federal CJ records) with the applicant/licensee and if applicable, between the department and agency responsible for evaluating the facility. I agree and understand that I will be placed on the APSIN flag system. I certify that the contents of this form and information provided with it are true, accurate, and complete.

Household Member Signature \_\_\_\_\_ Date \_\_\_\_\_

(Office of Children's Services Use Only)

**Background Check Program Cleared:**

Yes  No

Worker Name \_\_\_\_\_

Date \_\_\_\_\_

**Child Protective Service Record Checks**

Protective Services History  No  Yes (Information Attached)

Criminal Justice History  No  Yes (Printout Attached)

Court Records Problem  No  Yes

Sex Offender Registry History  No  Yes

Previous Licensing Problem  No  Yes (Information Attached)

Criminal Justice APSIN Check

Criminal Justice JOMIS Check (must also be run on all children age 12 and older)

**Comments:**

Name of worker who did the checks \_\_\_\_\_ Date \_\_\_\_\_