

UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF LICENSING  
195 North 1950 West, Salt Lake City, Utah 84116

**CBS USE ONLY**

**Foster Care BACKGROUND SCREENING APPLICATION**

- New Applicant - Requires either Live Scan or Fingerprint Cards and Fee (see page 2)**
- Renewal – has a current approved screening**
- Transfer current approved screening from:**

1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE				
This section must be completed by the Applicant. Missing information or unreadable applications will be returned unprocessed.				
Legal First Name:		Given Middle Name Indicate if middle name is an initial only. <b>Use N/A if no middle name.</b>		Current Legal Last Name:
List ALL Maiden, Alias & Previous Married Names:				
Date of Birth ____ / ____ / ____ MM DD YYYY		Last four digits of Social Security No. _____ (If yes to #4, then please list full social security number)		Phone Number: ( )
Mailing Address:		City:	State:	Zip Code:
2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, 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		If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.		
<input type="checkbox"/> No				
3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?				
<input type="checkbox"/> Yes		If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.		
<input type="checkbox"/> No				
4. 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?				
<input type="checkbox"/> Yes		If yes, list each state separately. Additional documentation may be required.		
<input type="checkbox"/> No				
STATE	COUNTY	FROM month/year	TO month/year	
5. Please check applicable box				
<input type="checkbox"/> I am a resident and hold a driver license or state I.D. card from Utah, Washington, Oregon, Idaho, Montana, Wyoming, Alaska or Nevada (WIN States).				
<input type="checkbox"/> I am a resident or hold a driver license or state I.D. card from any other state not listed above, or I am submitting a passport.				
<b>For initial screening applications, live scan fingerprints must be completed through DCFS. List of locations may be found at <a href="http://hslic.utah.gov/">http://hslic.utah.gov/</a></b>				
6. Please list all children (except for foster children) under 18 years old currently residing in the home: Attach additional sheet if necessary.				
First Name	Middle Name	Last Name	Last 4 of SSN	Date of Birth
In accordance with 62A-2-101, 62A-4A-1003, 62A-2-120 and R501-14 the Office will review Department databases and juvenile court records of all children living in a licensed home providing foster care services.				
7. I 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 information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the Department of Human Services Office of Licensing to retain my fingerprints if applicable, in order to monitor state, regional and nationwide criminal background databases in order to identify criminal activity for as long as I am associated with a Department of Human Services licensed program. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied. I have read and understand the FBI NGI Rap Back Privacy Statement on page 2.				
Applicant Signature:			Date:	

**Program Name:** Crossroads Youth Services, Inc.

**Primary Provider and Licensor Name:** \_\_\_\_\_

For Office of Licensing Use Only	
FBI: _____	DHS/Office of Licensing Screening Approval Date: _____

Applicant First Name _____ Middle Name _____ Last Name _____ Last 4 SSN _____						
<b>8. Fingerprints &amp; Fees</b>						
<b>BOX A</b> For placement of a child <u>IN CUSTODY</u> of a public child welfare system To be completed by Live Scan Technician ONLY for Initial Screening Applicants						
B Code:		Live Scan Operator Name:		Date of Live Scan:		
<b>Identification and Social Security Number verified by Live Scan Technician ONLY IF applicant is a licensed foster parent or adult in home of licensed foster parent (NOT proctor or professional)</b>						
Circle Valid Identification Type		State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender	Another adult in home (not primary caregiver) Yes _____ No _____
Driver License State ID Passport					Female Male	
I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered.					Date:	
Signature of Live Scan Technician:						
<b>BOX B</b> For placement of a child in private or refugee foster care (children <u>NOT</u> in public welfare system) To be completed by Program Representatives for Initial Screening Applicants						
Initial Applicants - Submit two completed, properly rolled fingerprint cards along with a company check, cashier's check or money order made payable to Department of Human Services.						
Ongoing Rap Back Subscription Type--Both subscriptions include a one-time full nationwide FBI search						
<input type="checkbox"/> \$39.75-Local, to include only Utah, Washington, Oregon, Idaho, Montana, Wyoming, Alaska and Nevada (WIN states). Provider may upgrade any applicant that requires ONLY the local ongoing subscription to the FULL nationwide, ongoing subscription. <input type="checkbox"/> \$52.75-FULL Nationwide FBI. Applicant who is a resident or holds a driver license or state I.D. card from any other state not listed above, or is submitting a passport.						
<b>9. To be completed by all Program Representatives</b>						
<b>Program Representatives: Please verify Identification and Social Security Number</b> Please visit our website for full information and instructions prior to signing. <a href="http://www.hslic.utah.gov">www.hslic.utah.gov</a>						
Program Name: Crossroads Youth Services, Inc.				Phone: 801-602-4039		
Mailing Address: 120 West Main Street		City: Lehi	State: Utah	Zip Code: 84043		
Circle Valid Identification Type		State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender	Another adult in home (not primary caregiver) Yes _____ No _____
Driver License State ID Passport					Female Male	
I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain 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.						
Signature of verifying representative:					Date:	

**FBI NGI Rap Back Privacy Statement**

*Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.*

*Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.*

*Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.*

**IMPORTANT INFORMATION AND INSTRUCTIONS**

All information must be accurate, legible and complete.

❖ Answering YES to questions #2, #3 or #4 may require additional documentation. See each question or visit our website for clarification or requirements. Applications will be returned unprocessed if all required documentation is not attached.

- Please observe a two-week time period before requesting the status of submitted applications.
- Please contact your licensor for any changes to your mailing address or facility name.
- Any questions? Call your licensor, your background screening technician or the Office of Licensing at 801-538-4242.