

BACKGROUND SEARCHES (Separate form is required for each household member over age 16)

DCF-005

6/2017 (Rev.)



APPLICANT										
LAST Name:		First Name:			M:		DOB:		Gender/Identity	
Relationship:				AKA:				SSN:		
Driver's License #:					Home Phone:		Cell Phone:		Work Phone:	
Address: (No. and Street):					City		State		Zip	
CPS Case Name:		Case LINK #			Is this a Confidential Case?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
CPS Social Worker Name:					CPS Social Work Supervisor Name:					
Potential placement barrier or potential waiver needed? (If yes, please explain):										
Reviewed and Assessed by CPS PM name:					CPS PM Signature:				Date	
<input type="checkbox"/> Relative		<input type="checkbox"/> Fictive Kin		<input type="checkbox"/> Core Foster Care		<input type="checkbox"/> Adoption		<input type="checkbox"/> Independent		<input type="checkbox"/> Respite/back-up Caregiver
REQUIRED Checks:		Check Completed?:			Placement Barrier Found		Initials of Completer	Date Completed	Comments:	
Protective Svs. History Checks:		Yes	Attached	Pending	Yes	No				
LINK Case Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LINK Person Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LINK Provider Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LINK Perpetrator Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LINK CMS Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Criminal Checks:		Yes	Attached	Pending	Yes	No				
Local Police		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
State Police		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
COLLECT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
DMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OPTIONAL Checks		Yes	Attached	Pending	Yes	No				
Sex Offender		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Judicial (Pending Arrests)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Department of Public Health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Name of FASU SWS:					Signature of FASU SWS				Date	