

# Pennsylvania Child Abuse History Clearance Forms

## Pennsylvania Child Abuse History Clearance Instructions

Please read the instructions prior to downloading the form. To request a supply of the forms, please call (717)783-6211.

1. Type or print clearly and neatly in ink Section I only.
2. Address must be Applicant's current home address.
3. All information must be completed in full. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
4. Application must be signed.
5. Enclose a \$10.00 money order for each application. No cash or personal checks accepted. Agency or business checks are acceptable.
6. Do not send any postage paid return envelopes.
7. Application should be placed in a business-sized or larger envelope prior to mailing.
8. One block must be checked for Purpose for Clearance. Do not check more than one block.
  - A. Check the Volunteer Block if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League or churches. A copy of your Criminal Record Check results obtained within the past year must be attached. Do not send original Criminal Record results. If you are not a Pennsylvania resident, you must also attach a copy of your FBI results obtained within the past year. This block should not be checked for anyone volunteering in schools.
  - B. Check the School Block if seeking to have involvement within a school (public, private vocational, technical, nursing) for any reason. C
  - C. Check the Foster Care Block if applying for foster parenting or custody of a child.
  - D. Check the Adoption Block if in the process or planning to adopt a child.
  - E. Check the Child Care Block if planning to work in a day care setting or if all other blocks do not apply.
  - F. Check the CWEP Block if you are participating in a Department of Public Welfare training program. The signature and phone number of the County Assistance Representative is required.

Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. There will be no replacements after 90 days. Failure to comply with the above instructions will cause considerable delay.

Please contact the following for applicable criminal history requests:

PA Criminal Record Checks (SP4 164): (717) 783-9973  
FBI Cards for School Employees (FD 258): (717) 783-3750

If you have trouble accessing this information you may obtain an alternative format by contacting the Office of Children Youth and Families at (717) 783-6211. You can also call (717) 783-6211 for clearance requests.

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

<b>CHILDLINE USE ONLY</b>
DATE RECEIVED BY CHILDLINE

**SECTION I** **APPLICANT IDENTIFICATION**

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME  STREET  CITY, STATE ZIP CODE	SOCIAL SECURITY NUMBER  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AGE</td> <td style="width: 40%;">DATE OF BIRTH</td> <td style="width: 35%;">DAYTIME PHONE NO.</td> </tr> <tr> <td colspan="2">SEX  <input type="checkbox"/> M <input type="checkbox"/> F                 </td> <td>COUNTY YOU LIVE IN</td> </tr> </table>	AGE	DATE OF BIRTH	DAYTIME PHONE NO.	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
AGE	DATE OF BIRTH	DAYTIME PHONE NO.					
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN					

**PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)**

(FIRST, MIDDLE, LAST)		(FIRST, MIDDLE, LAST)
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**PURPOSE OF CLEARANCE (Check ONE block ONLY)**

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP \_\_\_\_\_

CAO PHONE NO \_\_\_\_\_

**PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)**

1.
2.
3.
4.

**HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).**

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify 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).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

**SECTION II** **RESULTS OF HISTORY CHECK**

<input type="checkbox"/> APPLICANT IS <b>NOT</b> LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.	<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).
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STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER \_\_\_\_\_ DATE \_\_\_\_\_ VERIFIER'S SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_