

APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY SCREENS AND WYOMING CRIMINAL HISTORY RECORD PREScreens

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

Instructions: Complete page one and page two of this form with signatures and dates, ensuring the **Authorization of Release of Information is signed and dated by the person being screened.** Mail this application form to the Department of Family Services, Division of Juvenile Services, 2300 Capitol Avenue, Third Floor, Cheyenne, WY 82002. AUTHORIZATION IS ONLY VALID FOR THIRTY (30) DAYS FROM THE DATE SIGNED. A ten dollar (\$10) fee is required for each individual screened. The requesting organization shall include a check or money order, payable to the State of Wyoming, in the amount of \$10 multiplied by the number of screens requested. If the organization pays with a check, it should use a check drawn on its account. **Do not send cash.** Submit a self-addressed envelope with the request. For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened, with your request. Incomplete forms and requests not accompanied by a check or money order and self-addressed envelope will be returned unprocessed. Only applications with original signatures will be accepted.

Note: Central Registry screens and Criminal History Record pre-screens are specific to the State of Wyoming.

Copy of SS-26 Form will be returned to Applicant within ten (10) days of receipt.

Note to requesting Organization/Facility: For adult protection screens, you may also consider checking the Board of Nursing and Office of Health Licensing and Survey registries.

To be Completed by Organization/Facility (Print clearly)

Name of person being screened _____
Name of facility/organization/agency requesting check Johnathan Despain / 4-H
Name of facility/organization/agency contact person UW Cooperative Extension Service
Facility/organization/agency address 1000 E. University Avenue, Department 3354
City Laramie State WY Zip 82071
Phone Number (307) 766-5170 Fax Number (307) 766-3998
Purpose of Screening (Department of Family Services and Child Care Facilities ONLY)
 Child Care Subsidy Program Adoption
 Child Care Licensing Foster Care
 24 Hour Substitute Care Certification DFS Employment
 Other _____

APPLICANT: Please verify SSN and DOB with a driver's license or other means of identification and obtain a copy

For DFS Office Use only

Date Completed _____ Reference Number _____

Check Number _____ Money Order Number _____

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES NO

DCI pre-screen criminal history present for person being screened?

YES You may consider having a complete criminal history background check.
Instructions for requesting a DCI criminal history records check enclosed.

NO No disqualifying information.

Central Registry Specialist initials _____

Program Manager initials _____

**AUTHORIZATION OF RELEASE
OF CHILD OR VULNERABLE ADULT WYOMING CENTRAL REGISTRY
AND CRIMINAL HISTORY PRESscreen RECORD INFORMATION**

To Be Completed by Person Being Screened (Please type or print legibly)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record prescreen to check for abuse, neglect and exploitation of children or vulnerable adults or crimes against person(s) or property. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated criminal or abuse activities may be the grounds for termination of employment.

Full Legal Name _____

Maiden Name _____ Aliases _____

Social Security Number _____ Date of Birth _____

Ethnicity

- Caucasian
- Hispanic
- Asian
- Native American
- Black
- Other _____

Gender: Male Female

Current Address _____

City _____ State _____ Zip _____ Phone _____

List All Addresses for the past ten (10) years

"Voluntarily" List Names of Your Children (This information assures accuracy of the screen)

In the course of my duties, I will have unsupervised access to

Children _____ Adults _____ Both Children and Adults _____

I hereby authorize the results of this check be provided to the Organization/Facility/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

AUTHORIZATION IS VALID 30 DAYS FROM THE DATE SIGNED

Signature of Person Being Screened

Date (valid for 30 days)