



# APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R3 / 1-11)  
DEPARTMENT OF CHILD SERVICES

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

- INSTRUCTIONS:**
- Sections 1 and 2 to be completed by the Department of Child Services (DCS) family case manager or residential facility, licensed child placing agency (LCPA) personnel, or employer.
  - Sections 3 through 5 to be completed by the subject of the background check.
  - All fields are mandatory and must be completed.**

## SECTION 1 – REQUESTING AGENCY INFORMATION

Name of local office or requesting agency		Date (month, day, year)
Address (number and street, city, state, and ZIP code)		
Name of staff member completing this form		
Telephone number ( )	Fax number ( )	E-mail address

## SECTION 2 – REASON FOR BACKGROUND CHECK (check appropriate box)

1. DCS related placements:  a. Emergency placement  b. Non-emergency placement  2. Foster family home licensing  3. Adoption

4. Employment:  Group home  Residential facility  LCPA  5. Contractor  6. Volunteer / unpaid intern

## SECTION 3 – SUBJECT OF THE BACKGROUND CHECK

Full legal name (first, middle, last)			
Previous names (maiden, alias, previous married, pre-adoptive, nicknames)			
Date of birth (month, day, year)	Social Security Number *	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Current address (number and street, city, state, and ZIP code)			
Home telephone number ( )	Cellular number ( )	E-mail address	
List all counties / states resided in for past five (5) years, with dates of residence			
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Are you 14 – 17 years of age?  Yes  No *If yes, fingerprints are not required.*

Pursuant to IC 31-27, I affirm that the answers to the following questions are true:

1. Have you been convicted of a felony or misdemeanor relating to the health and safety of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been charged with a felony or misdemeanor relating to the health and safety of children while your licensing application was pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 4 – TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK

I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Indiana Department of Child Services regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children placed in my care. This authorization is valid for ninety (90) days from the date of this application. I also affirm, under the penalties of perjury, that the information in Section 3 is true and correct.

Signature	Printed name	Date of application (month, day, year)
Signature of parent, if under eighteen (18) years of age	Printed name	Date of application (month, day, year)

## FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found, to the person listed in Section 1 above.

A search by _____ revealed that there <input type="checkbox"/> WAS (records attached) <input type="checkbox"/> WAS NOT a record found. <i>(name of law enforcement agency)</i>	
Signature of person completing check	Date (month, day, year)
Printed name of person completing check	Title