

**CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION FORM FOR IN HOME, LICENSE EXEMPT, FAMILY CHILD CARE HOMES I, FAMILY CHILD CARE HOMES II, AND CHILD CARE CENTERS**

The names of the applicant, child care provider, licensee, primary and secondary providers, substitutes, volunteers and/or helpers, and the names of all household members age 13 and older must be checked State Patrol Sex Offenders Registry, National Sex Offender Registry, State of Nebraska Department of Motor Vehicles, National Crime Information Center, and Local and State Law enforcement agencies.

I understand and consent to have the Nebraska Department of Health and Human Services (DHHS) conduct background checks of my name(s) on the Registries listed above. If anyone living in the household has resided outside of the State of Nebraska in the last 5 years, I understand I am responsible to obtain the information above from the previous State(s) in which they resided.

NOTE: Releases completed by individuals between the ages of 13 to 19 years of age must be signed by the minor and the Parent and/or Guardian of said minor.

**INCOMPLETE RELEASES WILL NOT BE PROCESSED**

Service to be provided: \_\_\_\_\_ Child Care      \_\_\_\_\_ Child Care Transportation

Request Type: \_\_\_\_\_ New      \_\_\_\_\_ Re-Evaluation

Name of Facility/Owner:	
Physical Address:	
Mailing Address:	
Email Address:	Telephone Number(s):
Name of client (child or family) you will provide services for:	
Relationship to client:	
Do you live with the client you are providing care for?	

**By providing the following information and signing below:**

- I hereby attest that the information provided on this form is true, complete and accurate.
- For the purpose of complying with Neb. Reb. Stat. §4-108 through §4-114, I attest as follows:
  - I am a citizen of the United States or
  - I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien registration number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.
- I am giving permission for DHHS to complete Criminal History Record Checks.

Check the box that applies to the type of service you are providing, then fill out the corresponding information.

I am applying to provide services **IN THE HOME OF THE CLIENT**

No other persons will be involved in providing these services. Therefore, no other persons will need to be cleared with the Department in determining my approval as a child care provider. If this is true, only list yourself below.

Print Applicant Full Name (First, Middle, Last):		
Print Other Names (Marriages/Maiden/Alias/Nicknames. If none write <b>NONE</b> ):		
Date of Birth:	Gender:	Social Security Number:
Previous Address(s) for the last 5 years:		
Criminal History/Record (List Date & Dispositions or write <b>NONE</b> ):		
Signature:		Date:

I am applying to provide services **OUTSIDE OF THE CLIENT'S HOME** – Location: \_\_\_\_\_

If you will be providing child care services in your home or someone else's home, DHHS requires background information on all members of that household 13 years of age or older who are not receiving child care services.

If you are providing services from a **Child Care Center**, background information is only required for the Director/Owner on this form. Criminal history record checks must be completed on each staff member by the Director/Owner in accordance with DHHS Child Care Licensing. Documentation must be kept and available for review by DHHS.

If you are a **License Exempt, Family Child Care Home I, or Family Child Care Home II** provider, you must fill out the background information on the following page for the primary provider, secondary provider (if applicable), substitutes, volunteers and/or helpers, and the names of all household members age 13 and older. List your name first followed by all other household members, including children, or agency representatives. Attach an additional sheet if needed.

Name: \_\_\_\_\_  
All former names: \_\_\_\_\_  
\_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
Previous Address(s) for last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
Criminal History (List Date & Dispositions or "None"):  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
All former names: \_\_\_\_\_  
\_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
Previous Address(s) for last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
Criminal History (List Date & Dispositions or "None"):  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
All former names: \_\_\_\_\_  
\_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
Previous Address(s) for last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
Criminal History (List Date & Dispositions or "None"):  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
All former names: \_\_\_\_\_  
\_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
Previous Address(s) for last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_  
Criminal History (List Date & Dispositions or "None"):  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_

All former names: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous Address(s) for last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal History (List Date & Dispositions or "None"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

All former names: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous Address(s) for last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal History (List Date & Dispositions or "None"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

All former names: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous Address(s) for last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal History (List Date & Dispositions or "None"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

All former names: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous Address(s) for last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal History (List Date & Dispositions or "None"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_