

Licensure Unit - Children's Services Licensing PO Box 94986 - Lincoln, NE 68509-4986 (Lincoln FAX (402) 471-7763) (Omaha FAX (402) 595-1657)

## CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR FAMILY CHILD CARE HOMES I and II

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 against the Nebraska Child Abuse/Neglect Register **AND** the Nebraska Adult Abuse and Neglect Central Registry (for age 18 and older).

## The Department needs your consent to check name/s against the Nebraska Child Abuse/Neglect Register and the Nebraska Adult Abuse and Neglect Central Registry.

I consent to have Nebraska Department of Health and Human Services conduct Registry Checks of my name(s) on the Registries listed above AND authorize the release of the Registry Check results to the licensee/facility named on this form. The Department may state if my name appears or does not appear on the registers as an alleged perpetrator and may use information obtained for licensing determinations.

**Note:** All persons under the age of nineteen years of age are minors; therefore, Releases completed by those 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. (In case any person under the age of nineteen years of age is married, he/she is no longer a "minor" and the signature of the parent and/or guardian is not required.)

The submission of Social Security Numbers is voluntary; however, they are requested for the purpose of expediting the process of conducting the required background checks. Social Security Numbers will not be released without the individual's consent except as required by law. This authorization is valid as long as the person is a household member, secondary provider, substitute and/or helper for the Licensee/facility named at the bottom of this form, unless this authorization is revoked in writing.

INCOMPLETE RELEASES WILL NOT BE PROCESSED									
Print Applicant Current Name (First, Middle, Last, Suffix (Jr/Sr/II/III):					Gender: M/F	Applicant So	cial Secu	ırity Number:	
Print Other Names (Marriages/Maiden/Alias/Nicknames. If none write NONE):						Date of Birth	1:		
Applicant Signature Signature Date   Print Parent/Guardia					an Name - Parent/Guardian Signature - Signature Date				
<b>ADDRESS HISTORY:</b> Provide 20 years of address history OR address history from age 13. Begin with current address, include Street, City, State, and Date moved to and away from each address (mm/yy – mm/yy).					CHILDREN: Full Names and Date of birth of own children. If you have no children, write NONE.				
DATES	STREET ADDRESSES		CITY and STATE	FULL NAME				DATE OF BIRTH	
				DHHS/CSL Office Use Only					
	•	•							
	The following information is req	uired a	and must be complet	ted by th	e licensed	child care pr	ovider:		
Licensee/Facility Name:				Facility Phone #: Child Care License #					
Zicolsco, z delity Addition				Lacinty	1 110110 11		Jinu (	Jacobson II	
Facility Street Address:				City/State/Zip:					