



State of Maryland
Department of Human Resources

Tel: 301-784-7000
Fax: 301-784-7244
TTY: 301-784-7250



Allegany County Department of Social Services

Richard E. Paulman, Ed.D., Director
One Frederick Street
Cumberland, Md 21502

MEMO

From: James T. Speis, Jr.
To: Child Welfare Services
Date: February 8, 2011
RE: Consent for Release of Information/Background Clearance Requests

Please find attached a new Consent for Release of Information/ Background Clearance Request for (the "Consent"). The new Consent is being used in an effort to meet confidentiality requirements. The Consent is to be used when a caseworker is in the field and in need of gathering information on an individual for a specific reason.

Please take care in having the person (the subject of the background check) complete the Consent. Since a background check is being requested for a specific reason, this reason should be listed in the Consent in the provided space. This person completing the Consent must also sign the Consent. The caseworker is responsible for verifying the identity of the person completing the form. Verification of a person's identity can only be done by personally observing a valid photographic identification card (e.g., driver's license, identification card, etc.).

Once the Consent is completed and signed, please forward the Consent to Intake so that the search can be completed.

Due to the requirements of confidentiality, the caseworker is prohibited from disclosing any information to an individual not designated in the Consent.

Please note that the Consent does not replace the State of Maryland's Background Clearance Request form (DHR/SSA 1279, revised October 2003). I believe this form is typically used for individuals that work, or volunteer, with children.

The form is found on: Shares (S)/Child Welfare/Forms/Background Clearance Request.

Consent for Release of Information/Background Clearance Request

INSTRUCTIONS:

1. Please print all information.
2. You must provide proof of your identity by means of an identification card containing your photograph.
3. An Allegany County Department of Social Services representative must verify identification and sign this document.

PURPOSE:

By completing and executing this form, you are authorizing the Allegany County Department of Social Services (the "ACDSS") to conduct a search of your involvement in any Child Welfare Services matters. The search may include information known about you by the Maryland Department of Human Resources and law enforcement agencies. You understand that this search may reveal confidential information about yourself regarding matters of indicated, or unsubstantiated, child abuse or neglect. You are requesting that any obtained information be disclosed to _____ because you are a _____ (e.g., member of the household, a proposed day-care provider). The ACDSS will not disclose any specific information about the child that is the victim of a child welfare matter, nor will the ACDSS disclose the identity of any reporter of child abuse or neglect.

BACKGROUND INFORMATION (To be completed by person whose name is being searched):

Full Name: _____
Last First Full Middle Suffix

Maiden Name/Alias: _____
Last First Full Middle Suffix

Social Security No. Date of Birth Sex

Current Address City State Zip code

Prior Address City State Zip code

Current Spouse's Name (Last, First, Full Middle) Sex Date of Birth

Previous Spouse's Name (Last, First, Full Middle) Sex Date of Birth

Full names of all children living with you:

Last, First, Full Middle

Date of Birth

Sex

THIS AUTHORIZATION WILL EXPIRE ON THE 14TH DAY FROM THE DATE THE AUTHORIZATION IS SIGNED.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM WAIVING MY RIGHT TO PROTECT CONFIDENTIAL INFORMATION FROM BEING DISCLOSED.

Signature

Date

I have verified the identity of the person signing this document by personally observing a valid photographic identification card of the person signing this document.

ACDSS representative's signature

Date