

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member
(Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher
(Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- ☐ Michelle P. Waiver (Required by 907 KAR 1:835)
- ☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- ☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- ☐ Children's Advocacy Center (Required by 922 KAR 1:580)
- ☒ **Court Appointed Special Advocate (CASA)** (Required by KRS 620.515)
- ☐ Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ____ **Race:** ____ **Date of Birth:** ____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____	City	State	Zip Code
Previous Address: _____	City	State	Zip Code
Previous Address: _____	City	State	Zip Code
Previous Address: _____	City	State	Zip Code
Previous Address: _____	City	State	Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: CASA – COURT APPOINTED SPECIAL ADVOCATES

ADDRESS: PO BOX 631 CITY: MAYSVILLE

STATE: KY ZIP: 41056 PHONE: (606) – 563-7431

E-MAIL ADDRESS: casa@maysvilleky.net

RESULTS OF CHILD ABUSE OR NEGLECT CHECK

[FOR OFFICIAL USE ONLY]

☐ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry Date of substantiated finding: _____

☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ BY _____

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

CAREGIVER MISCONDUCT REGISTRY SELF-QUERY

KRS 209.032 requires vulnerable adult service providers to conduct an adult abuse, neglect, or exploitation background check on prospective employees. Kentucky Revised Statutes may be found at <http://www.lrc.ky.gov/Statutes/index.aspx>. The Caregiver Misconduct Registry only contains information pertaining to validated substantiated findings of adult abuse, neglect, or exploitation entered on or after July 15, 2014. In accordance with KRS 209.032, only vulnerable adult services providers or individuals making a self-query are authorized to access the Caregiver Misconduct Registry.

Please explain the reason for requesting an adult abuse/neglect/exploitation check:

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO AN ADULT ABUSE/NEGLECT/EXPLOITATION CHECK. (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Date of Birth: _____ Social Security #: _____

Present Address: _____

I hereby authorize the Cabinet for Health and Family Services (Cabinet) to complete a self-query using the web-based registry on my behalf. I also authorize the Cabinet to provide the results of the check to me at my address above and any employer or agency I have listed below. I release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information. All the information provided within this form is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, the self-query of the registry may not be conducted.

I attest that I am an individual making a self-query as authorized under KRS 209.032. I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released to persons or entities not authorized under KRS 209.120, is a violation of this agreement and the law which may result in criminal or civil liability.

Signature _____ Date _____

Witness _____ Date _____

If you would like a copy of this completed self-query sent to someone else, fill in the following information:

Name of Employer/Agency: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

CENTRAL REGISTRY CHECK

Send the signed and completed self-query form to:

**RECORDS MANAGEMENT SECTION
DEPARTMENT FOR COMMUNITY BASED SERVICES
275 EAST MAIN STREET, 3EG
FRANKFORT, KENTUCKY 40621
FAX: (502) 564-9554**

FOR OFFICIAL USE ONLY

Results of the Adult Abuse, neglect, or exploitation check:

- ☐ No reportable incident found in accordance with 922 KAR 5:120.
- ☐ Validated Substantiated incident of abuse/neglect/exploitation found on the registry.

Check conducted (date): _____ **By:** _____

Please note that an exact match against the given Social Security number was performed to determine whether a validated substantiated finding of adult abuse, neglect, or exploitation exists on the registry per KRS 209.032. Investigations that are pending, under appeal, or where a substantiated finding was overturned or on appeal, will not result in a match.

If you feel there is an error in this information, please contact the Commissioner of the Department for Community Based Services, 275 East Main Street (3W-A), Frankfort, Kentucky 40621.

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$25.00 fee (**check or money order**).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

CASA - B21612

Company

Shanda Hamilton, Executive Director

Requestor/Contact Person

PO Box 631

Address

Maysville, KY 41056

City, State, Zip

Date

casa@maysvilleky.net

E-mail address

606-563-7431

Telephone Number

Please denote which purpose applies to this request:

☐ Employment

☐ Criminal Investigation

☐ Screening Housing Applicants

☒ Volunteer/Care over Juvenile

☐ Licensing

☐ Other (please explain) _____

