

Directions for Adult's Safe Environment Background Check **(required every 5 years)**

Please:

- 1) Fill out Forms J (1-sided) and Form K **revised 1/2018** (2-sided);
- 2) On Form K check the box check the appropriate box:
 - If ministry is with school, either paid or unpaid, check the box beside “Private, Parochial, or Church School Employee or Student Teacher.”
 - If ministry is not with school but only with parish or other diocesan, check the box beside “Youth Camp Employee, Contractor, or Volunteer.”
- 3) Sign and date, and have a witness sign and date each form—dates must match and be current;
- 4) Submit a copy of the front of the **driver's license**, (or social security card or birth certificate);
- 5) Include payment, if possible—
 - Diocese pays to complete background checks: Diocese pays \$20 for school personnel (paid or volunteer) and **\$35** for non-school personnel (paid or volunteer).
 - Payment for employees should be sent payable to the Diocese of Owensboro for the full amount. For volunteers, a **\$10 check payable to Kentucky State Treasurer OR the Diocese of Owensboro** helps with costs but is not required; and
- 6) Send all documents and payment to Safe Environment Office,
McRaith Catholic Center, 600 Locust St., Owensboro, KY, 42301.
Please do not submit forms directly to the agencies.

The forms will be sent to the necessary agencies for processing, and both the individual and the ministry location will be notified at completion.

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. 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/Wilderness)
- 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 1:145)

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) (full middle name) (maiden/nickname) (last)

Sex: _____ **Race:** _____ **Date of Birth:** _____ **Social Security #:** _____

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

FORM K (2 of 2)

A check or money order made payable to the "Kentucky State Treasurer" 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. Mail check or money order and this completed form to:

**Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621**

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

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, 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: _____ Diocese of Owensboro (Office of Safe Environment) _____
ADDRESS: _____ 600 Locust Street _____ **CITY:** _____ Owensboro _____
STATE: _____ Kentucky _____ **ZIP:** _____ 42301 _____ **PHONE:** _____ (270) 683-1545 _____

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** _____