

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink.

Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170
HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE
RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR
(TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME _____
STREET _____
CITY, STATE _____
ZIP CODE _____

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers
- DPW Employment & Training Program Participant
(signature required below)

PREVIOUS NAMES USED SINCE 1975

(Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE)
2. (LAST, FIRST, MIDDLE)
3. (LAST, FIRST, MIDDLE)
4. (LAST, FIRST, MIDDLE)
5. (LAST, FIRST, MIDDLE)

SIGNATURE OF CIM/CAO REPRESENTATIVE

CIM/CAO PHONE NUMBER

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
2. _____
3. _____
4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE