



MANDATORY INFORMATION: (SCCS Designee to Complete) *(One Form Per Person)*

Client Name: _____ *(Please Print All Information)*

Person I.D. #: _____ Not in SACWIS Case #: _____

Caseworker Name: _____ / _____ / _____
(Name) (Ext.) Date reviewed client agency history

Comments: _____

Purpose: New Client Kinship Caregiver Applicant Adoptive Parent Applicant Foster Home Applicant
 Client's Significant Other Household Member Other: _____

Law Enforcement Agency: _____

PLEASE CONDUCT A BACKGROUND CHECK ON THE FOLLOWING PERSON: (One Form Per Person)

Last Name	First	Middle	DOB	Social Security #
_____	_____	_____	____/____/____	____-____-____
Maiden, prior or alias Name(s) () - _____			Address: (Street Number and Name) (Apt. #) _____	
Phone Number _____	Length at present address _____		City _____	State _____ Zip _____
Previous Address: (Street Number and Name) (Apt. #) _____			City _____	State _____ Zip _____
Driver's License #: _____		State of Driver's License: _____		
If previously resided out of county or state, list locations and dates: _____				
Were you ever charged and/or convicted of a crime against a child? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, the crime was _____				
Client Signature: _____			<input type="checkbox"/> Check if client refused to sign	Date: ____/____/____

DO NOT WRITE BELOW THIS LINE: (Law Enforcement to Complete)

Summit County Website Results: None Found Attached Record Found

Out-of-County Website Results: None Found Attached Record Found

Information not available via Internet. Contact _____ by, Mail Email
(Name)

Fax Telephone at _____ for information.
(List address, email address, fax number or telephone number)

Letter/email/fax/telephone background check request completed by: _____, ____/____/____
(Name) (Date)

Letter/email/fax/telephone background check results received on: ____/____/____. Letter/email/fax telephone results:
(Date)

Please Note: When completing background checks, we make every effort to provide accurate and complete information. We can only report the information which is available to us on the public records websites, LEXIS and ACCURINT. However, we cannot guarantee the accuracy or completeness of the information available on those sites. If you are aware that an individual has a criminal history, please briefly note that information on the background check request.

Internet background check completed by: _____, ____/____/____
(Security Staff) (Date)

CLIENT TO COMPLETE

Summit County Children Services BACKGROUND CHECK -- CHECKLIST

(To be routed for completion by switchboard operator, APD, Security, and Clerical)

The checklist below identifies the flow for processing background checks, the individual completing each process and the date completed. This document should remain attached to the background check when returned to the social worker.

Checklist:	Completed By (Initials)	Date
Switchboard Operator Initial Receipt and Log into Excel		
Accurint Results		
Summit County Website		
Out of Summit County Records Check		
Switchboard Operator Logs Results		
Security Supervisor's Review		
Entered into SACWIS		

COMMENTS:

For questions, please see Mike Lawrence or Andy Kasarda.