CLEARANCE FORM

CONFIDENTIAL

Worker	
Field Office or	
Private Agency	

			ester care applicant, unl er, and adult with direct		giver, adoptive applicant or the home.	
Name (Last, First, Middle)			Household Name			
Aliases (Maiden Name, Previous Married Name(s))		Social Security #		Gender: Male Female		
Date of Birth Driver License Number		Place of Birt	h (City, State, Country)			
		State of Issuance Home Phone Number		er Alto	Alternate Phone Number	
Physical Address	(City, State, Zi	p)				
Mailing Address (City, State, Zip)				
Residency: Alask Please list your pro			Physically here		Mo's	
From (MM/YY)	To (MM/YY)		City	State	Country	
		ed to care for childrer ate city, state, and type	n or adults? e of care and dates of lice	ensure:		
		are for children or ad h an explanation	ults revoked, denied, or	suspended in Alaska	or any other state?	
		bers at any time eve h an explanation.	r been investigated for c	child abuse or neglect?	?	
children? If you ha	ave a question		avioral problem that mig , discuss it with your lice	•	ealth, safety, or well-being of	
safety, or well-beir	ng of children?	problem or alcohol of an explanation.	or other substance abus	e problem that might p	pose a risk to the health,	
		ne or charged with a c h an explanation.	criminal offense?			
service, and licens between the depar	ing records and tment and ager	d to share this informaticy responsible for ev	ation (except federal CJ r	ecords) with the applice and understand that	enile criminal history, protective cant/licensee and if applicable, t I will be placed on the APSIN nd complete.	
Signature					Date	

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Authority: AS 47.05.310, AS 47.32 42 U.S.C. 671(a)(20)

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(Office of Children's Services Staff Use Only)

Worker Name	Date		
Required Background Checks			
Child Protective Services History		□No	□Yes
Court View History		□No	□Yes
Sex Offender Registry History		□No	□Yes
Previous Licensing History		□No	□Yes
Criminal Justice JOMIS Check (must also be run on all youths age 12 and older)	ı	□No	□Yes
Background Check Program Cleared		□No	∐Yes
☐ Criminal Justice APSIN Check			
Other:			
Comments:			
Name of worker who did the checks	Date		

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