



CHILDLINE AND ABUSE REGISTRY  
P.O. BOX 8170  
HARRISBURG, PENNSYLVANIA 17105-8170

## CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

I, ( \_\_\_\_\_ ), hereby authorize the PA Department of Human Services, ChildLine to  
Applicant's Name  
release my Pennsylvania Child Abuse History Clearance information directly to ( NDDHHS, Criminal Background Check Unit ).  
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)  
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by  
( NDDHHS, Criminal Background Check Unit ) without my expressed authorization or pursuant to Section 3490.126 of  
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held  
criminally liable for a breach of confidentiality related to release of this information. **I also understand that the  
aforementioned information will not be released directly to me ( \_\_\_\_\_ ) as stated**  
Applicant's Name  
**on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy  
of my Pennsylvania Child Abuse History Certification directly from Childline;** however, I may request a copy of  
my Pennsylvania Child Abuse History Certification from ( NDDHHS, Criminal Background Check Unit ) -upon written request.  
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further  
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application  
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse  
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.



Please send my certification result(s) to:

Agency Name: NDDHHS, Criminal Background Check Unit

Agency Street Address: 600 E Boulevard Ave, Dept 325

Agency City, State, Zip Code: Bismarck ND 58505-0250

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSI and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency's Representative Signature

**NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.**

Revised 12-29-15

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

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

## PURPOSE OF CERTIFICATION (Check one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> Foster parent<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br><div style="display: flex; justify-content: space-between;"> <div>_____<br/>SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____<br/>OIM/CAO PHONE NUMBER</div> </div> |
|---|--|

AGENCY/ORGANIZATION NAME:

NDDHHS, Criminal Background Check Unit

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

☒ Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER ____		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY) ____
		AGE ____	

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1 ND Department of Health & Human Services
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2 600 E Blvd Ave, Dept 325
CITY	CITY	CITY Bismarck
COUNTY	COUNTY	COUNTY Burleigh
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE ND
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE 58505
COUNTRY	COUNTRY	COUNTRY USA
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION Criminal Background Check Unit
<b>CONTACT INFORMATION</b>		
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.) _____		

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)			
Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm 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). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION