HEALTH OCCUPATIONS CREDENTIALING
612 SOUTH KANSAS AVE, TOPEKA, KS 66603-3856

CRIMINAL RECORD CHECK REQUEST FORM

FACILITY NAME: All Saints Home Care, Inc. **FACILITY I D # A087081**

ADDRESS:3425 W. Central Wichita, KS 67203

Applicant information: **ALL REQUESTED INFORMATION MUST BE PROVIDED** or the form will not be processed.

Last Name: First Name: Middle Name Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name:

Last Name: **

** List additional names on back. Check here if more on back. ☐

Social Security Number Date of Birth Sex Race

One of the following **must** be selected
A - Asian or Pacific Islander
B - Black
I - Native American/Alaskan Native
W - White

Address Post Office Box # (if applicable)

City State County Zip Code

Home Phone Work Phone

Certificate # (if applicable)

Completed by Date

STATE OF KANSAS
Department for Children and Families
Prevention and Protection Services

ADULT ABUSE, NEGLECT, EXPLOITATION
CENTRAL REGISTRY
RELEASE OF INFORMATION

PPS 10400
REV 7/15

I, _____ , give permission for the release of information concerning
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* Human Resources **Phone** 316-755-1076

Agency name All Saints Home Care, Inc.

Agency mailing address 3425 W. Central, Wichita, KS 67203

☐ **Check box if agency is a CDDO, CMHC, or ILRC**

Maiden Name and/or Other Names Known By: _____
(PRINT ONLY)

Address: _____
Street **City** **State** **Zip Code**

DOB: ___/___/___ **SS#:** ___-___-___ **Sex: M or F**
(mm/dd/yyyy) **(circle one)**

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. X Yes ____ No

Signature: _____ **Date:** ___/___/___
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

RETURN TO:

Adult Abuse Registry
555 S. Kansas Ave
Topeka, Kansas 66603-3444

FOR PPS ADMINISTRATION USE ONLY:
Record found?

Yes ☐ **No** ☐ If yes, finding: ☐ Abuse ☐ Neglect ☐ Exploitation ☐ Fiduciary Abuse (check all that apply)

"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

Perpetrator's Name: _____

Region: _____ Date Substantiated: _____

Initial: Date:

Kansas 3rd Party Consent Form

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

Address _____
(Street Address) (City) (State) (Zip)

Birthdate _____ Telephone Number _____
(MMDDYYYY)

Driver's License Number _____

Tag Number _____

Vehicle Identification Number _____

I hereby authorize All Saints Home Care, Inc.
(First Name) (Middle Initial) (Last Name)

to obtain my vehicle registration and/or driver's license record information including my personal information on those records.

_____ _____
Signature (Date)

TR-301 (Rev. 0515)

Kansas Department for Children and Families
Strong Families Make a Strong Kansas

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov

Release of Information

Complete form by printing legibly in ink. Fee of $10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: ***Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to $1,000.***

Contact Person: _____ Agency/Org.: All Saints Home Care

Phone #: (316) 755-1076 Address: 3425 W Central

Email: _____ City/State/Zip: Wichita, Ks 67203

Return Results by: X☐ Encrypted email (list if different than _____) ☐ Postal Mail

Payment/Account Information (check box which applies)

☐ *Fee included*	$10 per request. Check, Money Order (payable to DCF) or cash. ***Postal mail only.***	
☐ *Online Payment**	www.dcf.ks.gov – 'Online DCF Payments' bottom of page. Payment Portal. Submit receipt with ROI form(s).	
X☐ *Pre-Pay Account**	Agency/Org. has Pre-Pay Account.	FEIN: • 48-1233986
☐ *Mentoring Account**	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
☐ *Exempt**	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: ☐ *Yes* ☐ *No*

This organization/person/agency may check my information each year I am employed or associated with them: ☐ *Yes* ☐ *No*

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** ☐ *Male* ☐ *Female*

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:

MATCH		CLEARED
This applicant is listed in the Child Abuse/Neglect Central Registry. *Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.* (see attached document for more info.)		