

- New Applicant - Requires either Live Scan or Fingerprint Cards and Fee (see page 2)
 Renewal – has a current approved screening
 Transfer of or concurrent use of approved Rap Back screening from:

1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE
 This section must be completed by the Applicant. Missing information or unreadable applications will be returned unprocessed.

Legal First Name:	Given Middle Name Indicate if middle name is an initial only. Use N/A if no middle name.	Current Legal Last Name:
-------------------	--	--------------------------

List ALL Maiden, Alias & Previous Married Names:

Date of Birth ____ / ____ / ____ MM DD YYYY	Last four digits of Social Security No. _____ (If yes to #4, then please list full social security number)	Phone Number: ()
--	---	-------------------

Mailing Address:	City:	State:	Zip Code:
------------------	-------	--------	-----------

2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.
---	---

3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.
---	--

4. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive weeks in a U.S. state besides Utah?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list each state separately. Additional documentation may be required.
---	---

STATE	COUNTY	FROM month/year	TO month/year

5. Please list all children (except for foster children) under 18 years old currently residing in the home: Attach additional sheet if necessary. Additional documentation may be required.

First Name	Middle Name	Last Name	Date of Birth

In accordance with 62A-2-101, 62A-4A-1003, 62A-2-120 and R501-14 the Office will review Department databases and juvenile court records of all children living in a licensed home providing foster care services.

6. I authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the Department of Human Services Office of Licensing to retain my fingerprints if applicable, in order to monitor state, regional and nationwide criminal background databases in order to identify criminal activity for as long as I am associated with a Department of Human Services licensed program. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. **I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied. I have read and understand the Consent and Privacy Statement on page 2. DHS may contact you to complete, fill out or correct technical omissions such as a date or other typographical errors.**

For initial screening applications, live scan fingerprints must be completed through DCFS. List of locations may be found at <http://hslic.utah.gov/>

Applicant Signature:	Date:
----------------------	-------

Program Name: Crossroads Services, Inc.

Applicant First Name _____	Middle Name _____	Last Name _____	Last 4 SSN _____
-----------------------------------	--------------------------	------------------------	-------------------------

7. Fingerprints & Fees

BOX A
For placement of a child IN CUSTODY of a public child welfare system
To be completed by Live Scan Technician ONLY for Initial Screening Applicants

B Code:	Live Scan Operator Name:	Date of Live Scan:
---------	--------------------------	--------------------

Identification and Social Security Number verified by Live Scan Technician ONLY IF applicant is a licensed foster parent or adult in home of licensed foster parent (NOT proctor or professional)

Circle Valid Identification Type (Driving Privilege Cards are not acceptable forms of I.D.)	State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender	Another adult in home (not primary caregiver)
Driver License State ID Passport				Female Male	Yes _____ No _____

I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered.

Signature of Live Scan Technician: _____ Date: _____

BOX B
For placement of a child in private or refugee foster care (children NOT in public welfare system)
To be completed by Program Representatives for Initial Screening Applicants

Initial applications and renewal applicants not on rap back: Submit two completed, properly rolled fingerprint cards along with a company check, cashier's check or money order made payable to : Department of Human Services

\$38.25 - Ongoing Nationwide Rap Back Subscription & Fingerprint Fee

8. To be completed by all Program Representatives
Program Representatives: Please verify Identification and Social Security Number
Please visit our website for full information and instructions prior to signing. www.hslic.utah.gov

Program Name: Crossroads Services Inc.	Phone: 801-602-4039
---	----------------------------

Mailing Address: 120 West Main St	City: Lehi	State: Utah	Zip Code: 84043
--	-------------------	--------------------	------------------------

Circle Valid Identification Type (Driving Privilege Cards are not acceptable forms of I.D.)	State/Country	ID Number	Expiration date mm/dd/yy	Circle Gender	Another adult in home (not primary caregiver)
Driver License State ID Passport				Female Male	Yes _____ No _____

I certify that I have inspected the applicant's social security card and official identification and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.

Signature of verifying representative: _____ Date: _____

Consent and Privacy Statement

Utah consent to Background Check

I understand that my personal information including name, date of birth, social security number and fingerprints will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by the Department of Human Services, Office of Licensing to determine my eligibility to have direct access to a child or vulnerable adult. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries). The Department of Human Services, Office of Licensing will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview. I understand that I may request to review any results of this inquiry and understand that UCA 53-10-108 does not allow the Department of Human Services, Office of Licensing to provide a copy of those results to me. Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by the Department of Human Services, Office of Licensing as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). I have read the attached Privacy Statement and understand my rights according to this statement.

FBI Privacy Act Statement
Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.
Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Challenge procedures:
State of Utah:
The Utah Bureau of Criminal Identification is responsible for all arrest and conviction data for the State of Utah. BCI does not have the authority to modify any records from other state or federal databases. In the event that there is incorrect or missing Utah Criminal Data, please be prepared to provide certified copies from any arresting agency or court of appearance.
To challenge State of Utah criminal arrests and disposition data please complete the required application and submit to the Utah Bureau of Criminal Identification. Instructions and applications are located at the following web address:
<https://bcu.utah.gov/wp-content/uploads/sites/15/2017/08/ROA-8-24-2017.pdf>

FBI:
<https://www.fbi.gov/services/cjis/identity-history-summary-checks>
Challenge of an Identity History Summary
The FBI is responsible for the storage of fingerprints and related Identity History Summary information for the nation and does not have the authority to modify any Identity History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Identity History Summary contains inaccurate or incomplete information, you have two options for requesting a change or correction:
Option 1: Contact the agency or agencies that submitted the information to the FBI.
Missing or Incorrect State (Non-Federal) Information
Most states require that changes to Identity History Summary information be processed through their respective state centralized agency (State Identification Bureau) before any changes can be made to your information. You may contact the respective State Identification Bureau for assistance, and, if applicable, request that they provide the FBI with updates to your Identity History Summary. Contact information for each state is provided on the State Identification Bureau listing.
Several states maintain their own record system. Record updates are made at the state level only, so the FBI cannot change its records. Instead, the FBI accesses the state's system for authorized purposes to review the record. Contact information for states maintaining records at the state level is provided on the State-Maintained Records listing.
Missing or Incorrect Federal Information
For Federal Identity History Summary updates, the FBI must receive a request directly from the original arresting agency, from a court with control over the arrest data, or from another agency with control over the arrest data.
Option 2: Send a written challenge request to the FBI.
Your written request should identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation to support your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome. You may submit an Identity History Summary challenge to the FBI by writing to the following address: