



- Utah foster care initial (submit to foster/adoptive consultant)
- Utah foster care renewal (submit to licensor) Print licensor name: _____
- Other agency _____ (return to agency)

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

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:
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List ALL Maiden, Alias & Previous Married Names:	Phone # Cell or Home (circle one):
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Date of Birth ____/____/____ MM DD YYYY	Social Security Number: _____ (Please enter your full Social Security Number)	Email Address:
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Mailing Address:	City:	State:	ZIP Code:
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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	If yes to 2, please attach a certified court docket 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.
<input type="checkbox"/> No	

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	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.
<input type="checkbox"/> No	

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

<input type="checkbox"/> Yes	If yes, list each state separately. Additional documentation may be required. Do not list states in which you spent time for religious, educational, or military service as long as the primary state of residence is maintained.
<input type="checkbox"/> No	

STATE	COUNTY	FROM month/year	TO month/year

5. Please list all children (except for foster children) between the ages of 12 and 18 currently residing in the home. Attach additional sheet if necessary. Additional documentation may be required.

First Name	Last Name	Social Security Number	Date of Birth	Gender	Race	Adopted from DCFS foster care?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note the adoption date of all children listed above who were adopted from DCFS foster care:

6. I authorize the Department of Health and Human Services Division of Licensing and Background Checks to investigate my past and present child abuse, neglect, and exploitation records, law enforcement, driver license, and any other information which may be pertinent to my application according to Utah Code 26B-2-120, 121, 122, and Administrative Rule R501-14. I authorize the DHHS Division of Licensing and Background Checks to continually monitor state, regional, and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, and exploitation activity for as long as I am associated with a DHHS licensed program. I authorize the release of all information and I release and hold harmless the Department of Health and Human Services from any damages resulting from DHHS furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. Additionally, I authorize the children between the ages 12 and 17 listed above to have a youth background screening conducted for foster homes, adoptions and DSPD homes. I have read and understand the FBI Rap Back Consent and Privacy Statement located on the Division of Licensing and Background Checks website. Until the completion of the background check I understand I may be denied unsupervised access to children, vulnerable adults, or to the privileges in which the background check pertains to. **I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.

Please submit a copy of your ID and social security card for verification of identity and complete the fields below.

Circle Valid Identification Type <small>(Driving Privilege Cards are not acceptable forms of I.D.)</small> Drivers License State ID Passport Military	State/Country issued		ID number		Expiration date (mm/dd/yyyy)	Gender	Are you the foster provider? Yes _____ No _____ <small>(If NO, note foster provider name:)</small>
	Eye Color	Hair Color	Height	Weight	Race (please circle) Asian/Pacific Islander Black Native American White Hispanic	Place of Birth	

Applicant Signature: _____	Date: _____
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