



DIVISION OF LICENSING AND BACKGROUND CHECKS

Office of Background Processing

Foster/Kinship Respite Providers

BACKGROUND CHECK APPLICATION

(ongoing nationwide rap back subscription)

Applicant Demographic Information

This section must be completed by the applicant. Missing information or unreadable applications will be returned unprocessed.

First name	Middle name	Last name	SSN
List all aliases (nicknames, maiden, previous married names)		Place of birth	Date of birth
Address	City	State	ZIP code
		Phone number	

Applicant Background Information

☐ Yes	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.
☐ No	

If yes, 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.

☐ Yes	Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?
☐ No	

If yes, please attach complete case report showing final outcome.

Verified Applicant Identification Information

Select valid identification type (Driving privilege cards are not acceptable forms of ID)	Gender	Race
☐ Drivers license	☐ Female	☐ Asian or Pacific Islander
☐ Passport	☐ Male	☐ African American
☐ State ID	☐ Other	☐ Hispanic
☐ Military ID	☐ Transgender	☐ Native American or Alaskan Native
Issuing state/country	☐ Unknown	☐ White
ID number		☐ Unknown
Expiration date		☐ Prefer not to respond
Eye color		
Hair color		
Height		
Weight		

Payment Information

Payment for the background check can be made online at <https://dlbc.utah.gov/home/make-a-payment/>. In the facility or provider name field enter "Respite Care Background Checks" and fill in the name, phone number and email address of the person making the payment. Scroll down to Human Services Non DACS Background Check Fee box and enter the number of background checks you are paying for. **You must include the name of the person doing the background check in the explanation box.**

I authorize the Utah Department of Health and Human Services (DHHS), Division of Licensing and Background Checks (DLBC), Office of Background Processing (OBP), 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 and Administrative Rule 501-14. I authorize the OBP to continually monitor state, regional and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, exploitation activity for as long as I am associated with DHHS licensed, contracted or certified programs. I authorize the release of information for each purpose described in Utah Code Section 53-10-108 and I release and hold harmless the DHHS from any damages resulting from DHHS furnishing such information as described in Utah Code Section 53-10-108. I certify that my answers contain no misrepresentations or falsifications, and the information is true and complete. Additionally, I authorize the children between the ages of 12 and 17 listed above to have a youth background check conducted for foster homes, adoptions and DSPD homes. I have read and understand the FBI Tap Back Consent and Privacy Statement located on the DLBC website (www.dlbc.utah.gov). Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege 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.**

Signature Field		Date	
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Foster/provider kinship name	Licensing type	☐ General foster care	Licensors name	Payment receipt number
	☐ Kinship			