



State of Delaware  
The Department of Services  
For Children, Youth and  
Their Families

**DSCYF, CHILD PLACING AGENCY, CONTRACTOR**  
**CRIMINAL HISTORY AND CHILD ABUSE AND NEGLECT BACKGROUND**  
**CHECK REQUEST FORM**

Please **PRINT** all the required information and take this form to a designated State Police Troop to obtain an FBI and Delaware SBI fingerprint check. Call to schedule an appointment for fingerprinting.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M F  
Last First Middle m m d d y y y y

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Alias/Other Name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # or ID # \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)(P.O./Apt. # if applicable) (City) (State) (Zip)

Personal E-Mail Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been substantiated for a case of child abuse or neglect? [ ] Yes [ ] No **If yes, explain** \_\_\_\_\_

Have you ever been convicted or adjudicated delinquent of a crime? [ ] Yes [ ] No **If yes, explain** \_\_\_\_\_

**BACKGROUND CHECK REQUEST REQUIRED FOR:**

**Child Placing Agency Only:** [ ] Employee [ ] Volunteer [ ] Intern [ ] Adoption [ ] Foster Care [ ] Respite Care [ ] Adult household member

If you selected Household member, enter name(s) of person(s) applying for Foster/Adoption/Respite Care \_\_\_\_\_

**Contractor or DSCYF Employee Applicants Only:** [ ] Employee [ ] Volunteer [ ] Intern

**DSCYF Division:** [ ] DFS [ ] DMSS [ ] DPBHS [ ] DYRS

Agency Name: **MADISON ADOPTION ASSOCIATES** Agency License # or Provider # **29845**

Agency Contact Person: **SAMANTHA SPECK** Agency Phone: **302-475-8977**

**THIS SECTION FOR ADOPTION, FOSTER CARE, RESPITE CARE PROVIDERS ONLY**

*Under the Adam Walsh Child Protection And Safety Act of 2006, all states are required to request child abuse and neglect checks from states where prospective foster and adoptive parents and household members 18 and older have resided in the past 5 years.*

**List all non-Delaware addresses within the past 5 years. Attach additional sheet if necessary and indicate "See Attached Sheet"**

Street Address	City	County	State / Zip	Dates of Residency

I hereby consent to the release of any criminal record concerning me by the FBI, Delaware SBI, Police and Public Safety Officials to the State of Delaware Department of Services for Children, Youth and Their Families (DSCYF). I also consent to the release of any child abuse and neglect information concerning me from state and local government records to DSCYF and the above named agency. I understand that my failure to disclose any information involving criminal convictions/adjudications or any substantiated cases of child abuse or neglect against me may be grounds for denial or removal of a placement or termination from employment. I also understand that information acquired through this process and including any subsequent criminal charges or child abuse or neglect incidents will be used to evaluate my eligibility for adoption, foster care, respite care and having direct access to children at a child-serving entity. I further release the Delaware DSCYF and all its officers and employees from any and all claims arising out of or in any way connected to the release and/or dissemination of any information concerning me.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This background check is authorized under 31 Delaware Code, Section 309. Fingerprints obtained through this process will be used to check the criminal history records of the Delaware SBI and the FBI. This background check also includes a check of state child abuse and neglect records.

**FBI fingerprint record** – The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in 28 CFR 16.34. Go to [www.fbi.gov](http://www.fbi.gov) for further information.

**DO NOT WRITE BELOW THIS LINE – FOR DSCYF USE ONLY**

DE CPR: Yes No Case Number(s) \_\_\_\_\_ OOS CAN: State: \_\_\_\_ Yes No Date \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_ Yes No Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ELIGIBLE INELIGIBLE PROHIBITED Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised March 2016