

Criminal Background Screening Authorization Form

Applicant Name: _____ Application Number: _____

Applicant Background Clearance Disclosure

I authorize the Utah Department of Health and Human Services (DHHS) 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, 121, 122 and Administrative Rule R501-14. I authorize the Department of Health and Human Services Office of 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 DHS 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 Department of Human Services 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.

I have read and understand the FBI RapBack Consent and Privacy Statement located on the DHHS Office of Background Processing 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.}

Applicant Signature: _____ Date: _____

Legal Guardian Consent for Youth Background Screening (If applicable)

I authorize the Utah Department of Health and Human Services (DHHS) Office of Background Processing (OBP) to investigate and continually monitor the youth provider's 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 26B-2-120, 121, 122, and Administrative Rule 501-14. 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 the Department of Health and Human Services furnishing such information to authorized agencies.

I have read and understand the FBI RapBack Consent and Privacy statement located on the DHHS Office of Background Processing website (www.dlbc.utah.gov) .

Applicant Guardian Signature: _____ Date: _____

Print Guardian Name: _____