

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH. SEND TO DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211.

**CHILDLINE USE ONLY**

DATE RECEIVED BY CHILDLINE

**SECTION I: APPLICANT IDENTIFICATION**

▼ IN THIS SPACE PRINT YOUR FULL NAME AND ADDRESS ▼

NAME  STREET  CITY, STATE, ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="width: 33%;">AGE</td> <td style="width: 33%;">DATE OF BIRTH</td> <td style="width: 33%;">DAYTIME PHONE NUMBER</td> </tr> <tr> <td colspan="2">SEX <input type="checkbox"/> M <input type="checkbox"/> F</td> <td>COUNTY YOU LIVE IN</td> </tr> </table>	SOCIAL SECURITY NUMBER			AGE	DATE OF BIRTH	DAYTIME PHONE NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
SOCIAL SECURITY NUMBER										
AGE	DATE OF BIRTH	DAYTIME PHONE NUMBER								
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN								

**OTHER NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases.)**

1. (FIRST, MIDDLE, LAST)	2. (FIRST, MIDDLE, LAST)
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**PURPOSE OF CLEARANCE (Check ONE block ONLY.)**

<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> VOLUNTARY - A copy of your processed "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their processed FBI clearance (Form FD-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		

SIGNATURE OF CAO REP \_\_\_\_\_ CAO PHONE NO. \_\_\_\_\_

**PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary.)**

1.
2.
3.
4.

**HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present.)**

NAME (First, Middle, Last, do not use initials.)	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

After receipt of this completed document from the Department of Public Welfare, I understand that alteration of its contents may subject me to civil, criminal or administrative action.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

▼▼ DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY ▼▼

**SECTION II: RESULTS OF HISTORY CHECK**

<input type="checkbox"/> APPLICANT IS NOT LISTED IN THE STATEWIDE CENTRAL REGISTER AS A PERPETRATOR OF CHILD ABUSE.	<input type="checkbox"/> APPLICANT IS LISTED IN THE STATEWIDE CENTRAL REGISTER AS A PERPETRATOR OF CHILD ABUSE (SEE BELOW).
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STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER \_\_\_\_\_ DATE \_\_\_\_\_ VERIFIER'S SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_