



Division of Public Health

Licensure Unit - Children's Services Licensing  
 PO Box 94986 - Lincoln, NE 68509 4986  
 Fax: 402-471-7763

**CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION FORM  
 FOR CHILD CARE CENTERS, PRESCHOOLS AND SCHOOL-AGE-ONLY PROGRAMS**

Child Care Center, Preschool and School-Age-Only personnel (applicant, licensee, director, regularly identified substitute, and staff including teachers, assistant teachers and all support staff age 13 and older) listed on a license application for initial, renewal, and/or amendment licensure shall be screened against the Nebraska Child Abuse and Neglect Register and the Nebraska Adult Abuse and Neglect Central Registry (age 18 and older) by the Department BEFORE issuing a license. *New candidates being considered for employment in a Child Care Center, Preschool and/or School-Age-Only Center must be screened against the same Register/Registry BEFORE being hired.*

<input type="checkbox"/> Position applied for:	<input type="checkbox"/> Employee Interview Date:	<input type="checkbox"/> Volunteer Start Date:
Licensed Facility Name:		LICENSE#:
Address (mail):		Area Code/Phone Number:
City/State/Zip:		Area Code/Fax Number:

**The department needs your consent to check your name/s against the Nebraska Child Abuse and Neglect Register and the Nebraska Adult Abuse and Neglect Central Registry.**

I give my consent to Nebraska Department of Health and Human Services to conduct Registry Checks of my name/s on the Registries listed above AND authorize the release of the Registry Check results to the licensee/facility named above. The Department may state if my name appears or does not appear on the registers as an alleged perpetrator and may use information obtained for licensing determinations.

**Note:** All persons under the age of nineteen years of age are minors; therefore, Releases completed by those individuals between the ages of 13 to 19 years of age must be signed by the minor AND by the Parent and/or Guardian of said minor. *(In case any person under the age of nineteen years of age is married, he/she is no longer a "minor" and the signature of the parent and/or guardian is not required.)*

The submission of Social Security Numbers is voluntary; however, they are requested for the purpose of expediting the process of conducting the required background checks. Social Security Numbers will not be released without the individual's consent except as required by law. This authorization is valid as long as the person is a director, teacher, assistant teacher, support staff, household member, substitute, volunteer and/or helper for the child care facility and address named above, unless this authorization is revoked in writing.

**\*\*\*\*\* INCOMPLETE RELEASES WILL NOT BE PROCESSED \*\*\*\*\***

Print Applicant Current Name (First, Middle, Last, Suffix (Jr/Sr/III)):		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Applicant Social Security Number:	
Print Other Names (Marriages/Maiden/Alas/Nicknames. If none write NONE):			Applicant Date of Birth:	
Applicant Signature	Date of Signature:	Printed Name and Signature of Parent/Guardian of Minor		Date:
<b>ADDRESS HISTORY:</b> Provide 20 years of address history OR address history from age 13. Begin with current address, include Street, City, State, and Date moved to and away from each address (mm/yy - mm/yy):			<b>CHILDREN:</b> Full Names and Date of Birth of own children. If you have no children, write NONE.	
DATES	STREET ADDRESS	CITY & STATE	FULL NAME	DOB
			DHHS/CSL Office Use Only	



# Report of Law Enforcement Contact

**INSTRUCTIONS:** This form must be completed by the applicant/licensee and each staff member and each household member that is 19 years of age or older. All felonies, misdemeanors and infractions must be reported regardless of age of the individual at the time of the incident or contact by law enforcement. **Minor** traffic violations do not need to be reported. Law enforcement contact means that an arrest occurred or a citation/ticket was issued by a police officer. Staff member includes substitutes, volunteers, primary providers, secondary providers, director, co-director, teacher, certificated/non-certificated teachers, any individual who counts in the staff-child ratio, and any individual who may have contact with children, i.e., aide, cook, driver, or volunteer. Having a conviction does not necessarily prevent you from obtaining a license.

**Have you ever:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Been arrested or cited by any law enforcement officer (includes local, county, state or federal)? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been arrested or cited by any law enforcement officer in another state? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been arrested or cited but charges were dismissed or not filed? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been charged with committing any misdemeanor crime? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been charged with committing any felony crime?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Been convicted, pled guilty or pled no contest to any felony and/or misdemeanor crime?.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Been convicted, pled guilty or pled no contest to a crime against children? .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Been on a suspended sentence, such as diversion, probation or parole? .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Been in jail or prison? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Been charged with any crime that is sexual in nature?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the above questions, you must complete the following table (if you need more space, please use an additional form). Law enforcement records may be obtained in order to determine the accuracy of your answers.

Incident Date mm/dd/yy	Description of Charge	Felony, Misdemeanor or Infraction	County and State	Outcome/Disposition (i.e., jail, fine, probation, dismissed, diversion, etc.)

To the best of my knowledge, the information provided above is true and accurate. I understand that failure to accurately report may result in negative or disciplinary action as determined by the Department.

Signature	Date of Birth	Relationship to Facility
Printed Name	Other Names Used (previous married, maiden, alias, nicknames) (If no other names have been used, indicate "none")	
Name of Facility/Provider	Telephone Number	Date