

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE (CRIMINAL BACKGROUND) REPORT**

I, the undersigned, do hereby authorize **The Diocese of Owensboro, Kentucky** to procure investigative reports on me. This is a continuing authorization which shall remain effective until revoked in writing or until my relationship with The Diocese of Owensboro is terminated.

These above-mentioned reports may include employment and education verification, personal references, citations, a social security number verification, present and former addresses, criminal and civil history/record, and any other public record and any other information bearing on my worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to **The Diocese of Owensboro**. If adverse information is received by **The Diocese of Owensboro**, I understand that I will have thirty (30) days to challenge any finding that I believe to be incorrect following disclosure of such information to me.

I further authorize any governmental agency who may have information relevant to the above to disclose the same to **The Diocese of Owensboro**, including any courthouse, any public agency, any and all law enforcement agencies, regardless of whether such governmental agency compiled the information itself or received it from other sources.

I hereby release **The Diocese of Owensboro** and any and all governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, providing, and/or assisting with the compilation or preparation of the investigative report hereby authorized. I authorize **The Diocese of Owensboro**, through its appropriate representatives, to use and disclose any information obtained by or provided to such Diocese with respect to me as reasonably necessary or convenient from time to time in the course of the Safe Environment Program or similar program conducted by the Diocese and the foregoing release applies to the utilization of such information.

PRINTED NAME: \_\_\_\_\_  
  First Name  Full Middle Name  Maiden Name  Last Name

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

DATE OF BIRTH: (MM/DD/YY) \_\_\_\_\_ GENDER: \_\_\_\_\_

COMPLETE RESIDENTIAL ADDRESS: \_\_\_\_\_  
  Street Number/P.O. Box  Street Name  
\_\_\_\_\_  
  City  State  Zip Code  County

**PLEASE LIST ALL OTHER PLACES WHERE YOU HAVE RESIDED IN THE PAST SEVEN (7) YEARS:**

Street Number/P.O. Box	Street Name	City	State	Zip Code	County
Street Number/P.O. Box	Street Name	City	State	Zip Code	County
Street Number/P.O. Box	Street Name	City	State	Zip Code	County

**Name of Place(s) Where You Wish to Minister with Youth:** \_\_\_\_\_

Please Check All That Apply:     Clergy     Employee     Volunteer    Other: \_\_\_\_\_

\* SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

**CENTRAL REGISTRY CHECK**

**FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT <http://www.lrc.ky.gov/kar/titles.htm>. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

**Day Care Related Categories**

- Day Care Employee or Volunteer (Required by 922 KAR 2:090)
- Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)
- Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

**Other Categories**

- Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency/Wilderness)
- IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

**XX Catholic Diocese of Owensboro employee/volunteer ministering with minors--**

**PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):**

**NAME:** \_\_\_\_\_  
(first) (full middle name) (maiden/nickname) (last)

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Date of Initial Hire:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

FORM K (2 of 2)

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment. Mail check or money order to:

The Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care
275 East Main St., 3C-F
Frankfort, Kentucky, 40621

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and provide the results of the check to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

NAME OF EMPLOYER/AGENCY: Diocese of Owensboro (Office of Safe Environment)

ADDRESS: 600 Locust Street CITY: Owensboro

STATE: Kentucky ZIP: 42301 PHONE: (270) 683-1545

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

- No reportable incident found in accordance with 922 KAR 1:470.
Substantiated child abuse found on the registry Date of substantiated finding:
Substantiated child neglect found on the registry Date of substantiated finding:

CHECK CONDUCTED ON BY