



Date of Application: _____

CLEARANCE VERIFICATION STAFF

Applicant/Provider has signed the Consent/Release section?

Yes No

Purpose of Certification (Select one box only)

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Employee of Child Care Services: Applying for the purposes of child-care services in the following: Child day-care centers, group day-care homes or family child-care homes.
- Individual seeking to provide child-care services under contract with a child-care facility or program: Applying for the purpose of being able to provide child-care services as part of a contract or grant funded program.
- Self-employed provider of child-care services in a family child-care home: Applying for the purpose of providing child-care services in one's home (other than the child's own home) at any one time to four, five or six children who are not relatives of the caregiver.

Federal Bureau of Investigation (FBI) Criminal Background Check

Has the applicant applied for their FBI Criminal History Background Check?

Yes No

Please provide the FBI UEID Number.

FBI UEID NUMBER

Applicant Demographic Information

Please provide full name. Do not use initials. All demographic fields are mandatory.

FIRST NAME	MIDDLE NAME
LAST NAME	SUFFIX
DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported
AGE	SOCIAL SECURITY NUMBER

Disclosure of your Social Security number is required. It is sought under 23 Pa.C.S. §§6336(a)(1) (relating to information in statewide database) 6344 (relating to employees having contact with children, adoptive and foster parents), and 6344.1 (relating to information relating to certified or licensed child-care home residents). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

Previous Names Used Since 1975

Please include all names used since 1975 (including maiden names)

1.	FIRST NAME	MIDDLE NAME
	LAST NAME	SUFFIX
2.	FIRST NAME	MIDDLE NAME
	LAST NAME	SUFFIX



Previous Names Used Since 1975 (continued)

3.	FIRST NAME	MIDDLE NAME
	LAST NAME	SUFFIX
4.	FIRST NAME	MIDDLE NAME
	LAST NAME	SUFFIX
5.	FIRST NAME	MIDDLE NAME
	LAST NAME	SUFFIX
6.	FIRST NAME	MIDDLE NAME
	LAST NAME	SUFFIX

Applicant Address Information

Home Address

Please provide a complete home address.

ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)
CITY		COUNTY
STATE/REGION/PROVINCE	ZIP/POSTAL CODE	COUNTRY

Mailing Address

Home and mailing address are the same.

Please provide a complete mailing address (if different from home address).

ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)
CITY		COUNTY
STATE/REGION/PROVINCE	ZIP/POSTAL CODE	COUNTRY



Previous Addresses

Please list all addresses where the applicant has lived since 1975. At minimum, each address must contain the following:
City, State/Region/Province.

1.	ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
	CITY		COUNTY	STATE/REGION/PROVINCE
	ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	
2.	ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
	CITY		COUNTY	STATE/REGION/PROVINCE
	ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	
3.	ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
	CITY		COUNTY	STATE/REGION/PROVINCE
	ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	
4.	ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
	CITY		COUNTY	STATE/REGION/PROVINCE
	ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	
5.	ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
	CITY		COUNTY	STATE/REGION/PROVINCE
	ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	
6.	ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
	CITY		COUNTY	STATE/REGION/PROVINCE
	ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	



Previous Addresses (continued)

7. ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
CITY		COUNTY	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	

8. ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
CITY		COUNTY	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	

9. ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
CITY		COUNTY	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	

10. ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)	
CITY		COUNTY	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	COUNTRY	<input type="checkbox"/> Check this box if the applicant lived out of state at this address within the last five years.	

Applicant Contact Information

Phone Numbers

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
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Email Address

By providing an applicant email, the applicant agrees to allow OCYF to contact them at this email address in reference to their application.

APPLICANT EMAIL



Applicant Household Member Information

Please list everyone the applicant has lived with, at any time, from 1975 to present. For each person you must include their name and relationship to the applicant. You must include the applicant's parent(s), guardian(s), or person(s) who raised them.

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

Applicant Household Member Information (continued)

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

FIRST NAME	MIDDLE NAME
LAST NAME	RELATIONSHIP TO APPLICANT
PRESENT AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Reported

Child Care Provider Information

A copy of the completed Consolidated Eligibility Letter (CEL) will be automatically sent to the child care provider indicated. Please provide the name, address, and contact information for the child care provider that should receive the CEL. Failure to provide the below information could result in rejection of your application.

ATTENTION TO		
PROVIDER NAME		
ADDRESS LINE 1		ADDRESS LINE 2 (EXAMPLE FLOOR OR APARTMENT NUMBER)
CITY		COUNTY
STATE/REGION/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PROVIDER PHONE NUMBER		PROVIDER EMAIL ADDRESS



Consent / Release of Information

To complete your application, please review the Consent/Release of Information and provide a handwritten or DocuSigned signature below by checking the acknowledgment and entering your first and last name as it appears in the Application Demographic Information section.

Applicant Authorization

I, _____ hereby authorize the Pennsylvania Department of Human Services, Clearance Verification Unit to obtain and release my Consolidated Eligibility Letter, pursuant to 23 Pa. §6344(c)(4), directly to _____.

APPLICANT NAME PROVIDER NAME

Provider Authorization

I, _____ of _____ have written approval of _____ to authorize the Pennsylvania Department of Human Services, Clearance Verification Unit to obtain and release the applicant's Consolidated Eligibility Letter, pursuant to 23 Pa. §6344(c)(4), directly to _____.

PROVIDER REPRESENTATIVE PROVIDER NAME APPLICANT NAME PROVIDER NAME

I consent to the Pennsylvania Department of Human Services, Clearance Verification Unit using my information to obtain clearances from the following systems and using the results to determine the applicant's eligibility:

- Pennsylvania Child Abuse History Certification (\$13)
- Pennsylvania State Police Criminal History Background Check (\$22)
- Federal Bureau of Investigation Criminal History Background Check (\$26.20 paid directly to IDEMIA)
- The National Crime Information Center's Sex Offender Registry Verification (Free)
- Out of state systems including the following: the sex offenders registry or repository, state criminal registry or repository, and child abuse and neglect registry of any state in which I have lived in the last five years.

Follow the link below to determine the cost for the respective states.

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Out-of-State-Clearances.aspx>

List of States and Checks for Consent

- State: _____ Cost: _____
- State: _____ Cost: _____
- State: _____ Cost: _____
- State: _____ Cost: _____

I understand that this will be accomplished without revealing any criminal history or any other related information regarding the applicant.



Consent / Release of Information (continued)

<input type="checkbox"/> I affirm 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).	
SIGNATURE	PRINT NAME

Payment Information

Payment Method

Do you have a Provider Payment Code for this application? A Payment Code is not required to submit your application.

<input type="checkbox"/> Yes	PAYMENT CODE (EXAMPLE: 123K56789D23)		
<input type="checkbox"/> No	PAYMENT METHOD <input type="checkbox"/> Check <input type="checkbox"/> Money Order	AMOUNT	DATE