

Department for Children and Families/ Child Development Division
Family Child Care Home - RECORDS CHECK AUTHORIZATION

All members of the household who are 16 years of age or older and/or any person(s) who assists in child care must read, complete, and sign this authorization. This information will be used by the Division to make necessary and reasonable investigations including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center (State Police). The accuracy of any information obtained from the Vermont Criminal Information Center may be appealed by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

1. **Person applying for Registration/Re-Registration complete and sign this section.**

Print name (last, first, middle) Date of Birth Social Security #

Print maiden and all other last names used Place of Birth (Town & State)

Print town in which you live: _____ Telephone Number: _____

Have you ever been convicted or found by a court to have committed a felony, a fraud, a crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against you? Yes ___ No ___

I authorize the Department to perform an investigation, and examine records including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.

Signature: _____ Date: _____

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2. **Others who live in your home who are 16 years or older, complete and sign this section.**

Print name (last, first, middle) Date of Birth Social Security #

Print maiden and all other last names used Place of Birth (Town & State)

Have you ever been convicted or found by a court to have committed a felony, a fraud, a crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against you? Yes ___ No ___

I authorize the Department to perform an investigation, and examine records including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.

Signature: _____ Date: _____

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3. **Others who assist in providing child care, but do not live in the home, complete and sign this section.**

Print name (last, first, middle) Date of Birth Social Security #

Print maiden and all other last names used Place of Birth (Town & State)

Print town in which you live Telephone Number Relationship to provider

Have you ever been convicted or found by a court to have committed a felony, a fraud, a crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against you? Yes ___ No ___

I authorize the Department to perform an investigation, and examine records including, but not limited to, the child abuse and neglect records maintained by the Department and criminal records maintained by the Vermont Criminal Information Center.

Signature: _____ Date: _____

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Call the Child Development Division at 1-800-649-2642 to request forms for additional names.