



Consent for Release of Information Adult Foster Home (AFH)

Name of DD-Adult Foster Home: _____

Return to: _____
Name of licensor and DD Program *County*

I hereby authorize Department of Human Services (DHS) to conduct a Child Protective Services (CPS) Background Check for any child abuse/neglect records and foster home certification records regarding myself. The information check will also review the status of my use of public financial resources and Support Enforcement Division (SED) involvement.

I understand that the information received will remain confidential and any concerns found will be discussed confidentially with the licensor.

Applicant (*print name*): _____

Date of birth: _____ Social Security number: _____

Signature: _____ Date: _____

Co-applicant/resident manager (*Print name*): _____

Date of birth: _____ Social Security number: _____

Signature: _____ Date: _____

Please note: DHS cannot require your Social Security number on this form. However, failure to provide it may impact our ability to proceed with your request for foster home licensing or other positions working with foster home adults with developmental disabilities.

For office use only

Applicant: DHS/CPS history

Co-applicant/res manager: DHS/CPS history

- Individual cleared on DHS/CPS
- DHS/CPS screens indicate concerns
- Not enough information to process

- Individual cleared on DHS/CPS
- DHS/CPS screens indicate concerns
- Not enough information to process

Findings: _____

CPS check completed by: _____ Date: _____

Fax to: DD Licensing Unit, DD; Fax: 503-373-2228; Phone: 503-373-1320