

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* Don Herron, Director Human Resources Phone 316-264-8344 x1251  
Agency name Catholic Charities, Inc.  
Agency mailing address 437 North Topeka Wichita, KS 67202

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: \_\_\_\_\_  
(PRINT ONLY)

Address: \_\_\_\_\_  
Street City State Zip Code

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  M or  F  
(mm/dd/yyyy) (circle one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

**RETURN TO:**

Adult Abuse Registry  
915 SW Harrison, Rm. 530-E  
Topeka, Kansas 66612

**FOR CENTRAL OFFICE USE ONLY:**  
Record found?  
Yes  No  If yes, finding:  Abuse  Neglect  Exploitation  Fiduciary Abuse (check all that apply)  
"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.  
Perpetrator's Name: \_\_\_\_\_  
Region: \_\_\_\_\_ Date Substantiated: \_\_\_\_\_  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_

(This form supersedes ES-1021 and 1021a REV 11/2010)



**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**  
**Child Abuse and Neglect Central Registry**  
 P.O. Box 2637 • Topeka, KS 66601 • [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)  
**Release of Information**

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

**CONFIDENTIALITY:** *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

**Contact Person:** Don Herron Agency/Org.: Catholic Charities  
 Phone #: 316-264-8344 Address: 437 N. Topeka  
 Email: dherron@catholiccharitieswichita.org. City/State/Zip: Wichita, KS 67202

Return Results by:  Encrypted email (list if different than above): msmith@catholiccharitieswichita.org  Postal Mail

**Payment/Account Information** (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. <b>Postal mail only.</b>	
<input type="checkbox"/> <i>Online Payment*</i>	<a href="http://www.dcf.ks.gov">www.dcf.ks.gov</a> – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input checked="" type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: 48-0543703
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. <a href="http://mentorkansas.org/Find-a-Program">http://mentorkansas.org/Find-a-Program</a>	
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).	

\*Release of Information forms may be submitted via email to [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)

**APPLICANT:** *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

**FIRST, MIDDLE, LAST NAME:** \_\_\_\_\_

*I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use:*  Yes  No

*This organization/person/agency may check my information each year I am employed or associated with them:*  Yes  No

**OTHER NAMES USED:** (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **GENDER:**  Male  Female

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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

DCF ONLY:

**MATCH**

*This applicant is listed in the Child Abuse/Neglect Central Registry.  
 Per KSA 65-504 and 65-516 this person is prohibited from working, residing, or volunteering in a licensed child care home or facility.  
 (see attached document for more info.)*

**CLEARED**