

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)

Child Abuse and Neglect Central Registry
Release of Information

All releases and fees should be sent via postal mail to the attention of: DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.

Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.

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.

I, _____, give permission for the release of any information concerning
(Please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

| | |
|---------------------------|------------------------------------|
| A. Contact Person: | Don Herron |
| Agency Name: | Catholic Charities |
| Mailing address: | 437 N. Topeka Wichita, KS 67202 |
| Phone Number: | (316) 264-8344 |

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.

Yes No

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) _____

Date of Birth: _____

Race: _____

Social Security # _____

Gender: Male Female

Signature: _____

Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. The following state agencies are exempt from the \$10.00 fee: KDOC-JS (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://community.ksde.org/Default.aspx?tabid=5194>. If this is a mentor record check, please make sure the box below is checked.

Mentor Program: If yes, please check

For Central Registry Use Only

____ FEE ATTACHED