

**Temporary Emergency Child Care Site
Provider Release of Information
Felony/Misdemeanor Statement**

**CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION FORM FOR TEMPORARY
EMERGENCY CHILD CARE STAFF**

The names of the temporary emergency child care staff must be checked against several registries including: the Nebraska Child Abuse/Neglect Registry, the Nebraska Adult Abuse and Neglect Central Registry, the State Patrol Sex Offenders Registry, and Local and State law enforcement agencies.

I understand and consent to have the Nebraska Department of Health and Human Services (DHHS) conduct background checks of my name(s) for background checks listed above.

NOTE: Releases completed by individuals between the ages of 13 to 19 years of age must be signed by the parent and/or guardian of said minor.

INCOMPLETE RELEASES WILL NOT BE PROCESSED

Service to be provided: Temporary Emergency Child Care

Name of the Temporary Emergency Child Care Program:	
Physical Address:	
Mailing Address (if different):	
Email Address:	Telephone Number(s):

By providing the following information and signing below:

- I hereby attest that the information provided on this form is true, complete and accurate.
- For the purpose of complying with Neb. Reb. Stat. § 4-108 through § 4-114, I attest as follows:
 - I am a citizen of the United States or
 - I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien registration number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.
- I am giving permission for DHHS to complete Criminal History Record Checks.

Print Applicant Full Name (First, Middle, Last):

Print Other Names (Marriages/Maiden/Alias/Nicknames. If none write **NONE**):

Date of Birth:	Gender:	Social Security Number:
----------------	---------	-------------------------

Previous Address(s) for the last 10 years:

Criminal History/Record (List Date & Dispositions or write **NONE**):

Signature:	Date:
------------	-------