

Division of Children and Family Services
Child Care Subsidy Provider
Release of Information Felony/Misdemeanor Statement

Intended Audience: Child Care Subsidy Providers

All child care providers are required to complete this form.

To be eligible for Child Care Subsidy Provider Enrollment, providers and other people in the household or facility (age 13 and older) who may have access to the children in care must undergo criminal history background checks. Background checks include:

- Federal Bureau of Investigation (FBI) fingerprints (age 18 and older)**
- National Crime Information Center
- Local and State law enforcement agencies
- Child Protective Services (CPS) Registry and Adult Protective Services (APS) Registry**
- State and National Sex Offender Registry
- State of Nebraska Department of Motor Vehicles

****Require separate applications and application processes. To obtain applications, contact your assigned Resource Developer or visit <https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx>.**

All individuals must sign a release of information and statement identifying any felony or misdemeanor convictions and pending criminal charges. Providing incomplete or inaccurate information may result in the provider being denied participation or terminated from the program. (392 NAC 4-002.03)

By providing the following information and signing below:

- I hereby attest that the information provided on this form is true, complete, and accurate.
- I am giving permission for the Department of Health and Human Services (DHHS) to complete Criminal History Record Checks in the State of Nebraska and any previous states of residence that I or anyone living in my household/employed in my facility have resided in during the preceding five years.
- For the purpose of complying with Neb. Rev. Stat. §4-108 through §4-114, I attest:
 - 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.

Immigration Status: _____

Alien Registration Number: _____

Completed Release of Information forms should be returned to your assigned Resource Developer. If one has not yet been assigned, submit the form to DHHS:

By mail: DHHS, PO Box 95026, Lincoln, NE 68509

By email: dhhs.rdccsubsidy@nebraska.gov

Please note: Child care agencies from outside of Nebraska may request criminal history record checks by visiting <https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx> and reviewing the *Out of State Request for Nebraska Child Abuse and Criminal Record* document for more information.

Select the **type of service** you will be providing below, then proceed to the following pages to complete the Provider and Household/Employee sections, as applicable.

I am applying to provide services IN THE HOME OF THE CLIENT.
No other persons will be involved in providing these services. Therefore, no other persons will need to be cleared with the Department in determining approval as a child care provider.

In-Home/In-Home Special Needs Child Care – Background check information is only required for the primary provider. (Includes relative In-Home providers)

I am applying to provide services OUTSIDE OF THE CLIENT'S HOME.

Location: _____

If you will be providing child care services in your home or someone else's home, DHHS requires background information on all members of that household 13 years of age or older who are not receiving child care services.

Child Care Center – Background check information is required for the program director and owner, if program owner resides in the State of Nebraska. Criminal history record checks must be completed on each staff member in accordance with DHHS Children's Services Licensing and documentation must be kept and available for review by the Department.

License Exempt, Family Child Care Home I, and Family Child Care Home II – Background check information is required for the primary provider, secondary provider (if applicable), substitutes, volunteers and/or helpers, and all household members 13 years and older. An additional sheet may be attached if necessary. (Includes relative License Exempt providers)

Request Type: New Enrollment Renewal/Re-evaluation Provider ID: _____

Child Care Provider & Facility Information – Please print legibly; if none, write N/A.

Incomplete forms will not be processed.

Name of Facility (if applicable):

Facility Address (if applicable):

Facility Mailing Address (if applicable):

Full Name of Provider (First, Middle, Last):

Title (Director, Owner, etc):

Other Names Used (Maiden, Alias, Nicknames):

Date of Birth:

Gender:

Social Security Number:

Email Address:

Phone Number(s):

Provider Physical Address (if different from facility):

Provider Mailing Address (if different from physical):

Previous Address(es) for the past 5 years:

Criminal History/Record (List date and disposition/charge, if any):

Provider Signature:

Date:

In-Home/In-Home Special Needs Child Care – please return the above completed information to your assigned Resource Developer.

Child Care Center, License Exempt, Family Child Care Home I, and Family Child Care Home II – please continue to the next page to complete background check requests for any applicable staff or household members.

Household Members, Employees, Substitutes, Volunteers/Helpers, Visitors –

Household members (age 13 and older), employees, substitutes, volunteers, and visitors are **required** to complete this section.

Each person required to have a background check will need to answer these questions. If more space is needed, attach an additional paper to this form or request additional copies.

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

Incomplete forms will not be processed. Please print legibly; if none, write N/A.

Name (First, Middle, Last):

Other Names Used (Maiden, Alias, Nicknames):

Date of Birth:

Social Security Number:

Gender:

Race:

Previous Address(es) for the past 5 years:

Criminal History/Record (List date and disposition/charge, if any):

Applicant Signature:

Date:

Name (First, Middle, Last):

Other Names Used (Maiden, Alias, Nicknames):

Date of Birth:

Social Security Number:

Gender:

Race:

Previous Address(es) for the past 5 years:

Criminal History/Record (List date and disposition/charge, if any):

Applicant Signature:

Date:

Name (First, Middle, Last):	
Other Names Used (Maiden, Alias, Nicknames):	
Date of Birth:	Social Security Number:
Gender:	Race:
Previous Address(es) for the past 5 years:	
Criminal History/Record (List date and disposition/charge, if any):	
Applicant Signature:	Date:

Name (First, Middle, Last):	
Other Names Used (Maiden, Alias, Nicknames):	
Date of Birth:	Social Security Number:
Gender:	Race:
Previous Address(es) for the past 5 years:	
Criminal History/Record (List date and disposition/charge, if any):	
Applicant Signature:	Date:

Name (First, Middle, Last):	
Other Names Used (Maiden, Alias, Nicknames):	
Date of Birth:	Social Security Number:
Gender:	Race:
Previous Address(es) for the past 5 years:	
Criminal History/Record (List date and disposition/charge, if any):	
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Gender:	Race:
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Criminal History/Record (List date and disposition/charge, if any):	
Applicant Signature:	Date: