

Department of Health and Human Services
Foster Care Home Request to Load & Authorization
for Background Checks

MC Number: N/A	Reason: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal	Type of Home: <input type="checkbox"/> Relative
Date of Placement: N/A	Preferred Agency, if applicable TFI Family Services, Inc	<input type="checkbox"/> Kinship <input type="checkbox"/> Other
DHHS Representative/Agency: Kristin Duskie, TFI Family Services, Inc.		DHHS Representative Supervisor/Agency Representative: Jessica Barnett, TFI Family Services, Inc.

FOSTER CHILD INFORMATION

Name: N/A	Date of Birth:	Name: N/A	Date of Birth:
Name: N/A	Date of Birth:	Name: N/A	Date of Birth:
Name: N/A	Date of Birth:	Name: N/A	Date of Birth:
Name: N/A	Date of Birth:	Name: N/A	Date of Birth:

Distance (Miles) Placed from Parent:
☐ 0-20 ☐ 21-50 ☐ 51-100 ☐ 100+

FOSTER CARE PROVIDER INFORMATION AND AUTHORIZATION TO CONDUCT BACKGROUND CHECKS
LIST ALL PEOPLE LIVING IN THE HOME

Primary Applicant Name (First, MI, Last):		SSN:		Date of Birth:	
List All Former Names (Include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.): <input type="checkbox"/> N/A		Previous Addresses for the Last 5 years (Include City and State): <input type="checkbox"/> N/A			
Gender:		Race/Ethnicity*:			
Primary Language:	Transportation Needs:		Specific Youth Needs:		
Family Relationship**:		Primary Applicant's Relationship to the Foster Child***:			
Primary Phone Number:		Email Address:			
Current Physical Address:		City:		State:	Zip Code:

Current Mailing Address: (if different from Current Physical Address)

* Race/Ethnicity: Native American/Alaskan Native (A/A) ; Asian/Pacific Islander (API) ; Black/African American (BL) ; Hispanic/Mexican American (HISP) ; White (WH) ; Multi-Cultural (MC)

** Family Relationship: Father ; Mother ; Son (legal) ; Daughter (legal) ; Other Caregiver ; Other Child ; Other Adult

*** Primary applicant relationship to the foster child: Aunt/Uncle ; Grandparent ; Sibling ; Cousin ; No Previous Relationship ; Kinship ; etc.

Applicant #2 Name (First, MI, Last):		SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:	
Primary Phone Number:		Email Address:	
List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.): <input type="checkbox"/> N/A		Previous Addresses for the Last 5 Years (Include City and State): <input type="checkbox"/> N/A	

Household Member #1 Name (First, MI, Last):		SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:	
Primary Phone Number:		Email Address:	
List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.): <input type="checkbox"/> N/A		Previous Addresses for the Last 5 Years (Include City and State): <input type="checkbox"/> N/A	

Household Member #2 Name (First, MI, Last):		SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:	
Primary Phone Number:		Email Address:	
List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.): <input type="checkbox"/> N/A		Previous Addresses for the Last 5 Years (Include City and State): <input type="checkbox"/> N/A	

Household Member #3 Name (First, MI, Last):		SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:	

Primary Phone Number:		Email Address:	
List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.):	<input type="checkbox"/> N/A	Previous Addresses for the Last 5 Years (Include City and State):	<input type="checkbox"/> N/A

Household Member #4 Name (First, MI, Last):		SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:	

Primary Phone Number:		Email Address:	
List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.):	<input type="checkbox"/> N/A	Previous Addresses for the Last 5 Years (Include City and State):	<input type="checkbox"/> N/A

Household Member #5 Name (First, MI, Last):		SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:	

Primary Phone Number:		Email Address:	
List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.):	<input type="checkbox"/> N/A	Previous Addresses for the Last 5 Years (Include City and State):	<input type="checkbox"/> N/A

Household Member #6 Name (First, MI, Last):		SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:	

Primary Phone Number:		Email Address:	
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List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.):	<input type="checkbox"/> N/A	Previous Addresses for the Last 5 Years (Include City and State):	<input type="checkbox"/> N/A
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Household Member #7 Name (First, MI, Last):	SSN:	Date of Birth:
Gender:	Race/Ethnicity*:	Family Relationship**:

Primary Phone Number:	Email Address:
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List All Former Names (include: all known alias', nicknames, previous last names, shortened versions of names you use, etc.):	<input type="checkbox"/> N/A	Previous Addresses for the Last 5 Years (Include City and State):	<input type="checkbox"/> N/A
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As prospective providers of services to children and families, I/we understand the need for and give permission and authorization to the Nebraska Department of Health and Human Services or Contractor for Case Management to have my/our name(s) and those in my household, eighteen (18) years of age or older checked through: 1) Law Enforcement Agencies concerning contacts, citations, arrests; 2) Nebraska Child Abuse and Neglect Central Registry; 3) Nebraska Adult Abuse and Neglect Central Registry; 4) National Sex Offender Public Website; 5) Records through the Nebraska Data Exchange Network (NDEN); 6) National Criminal History Fingerprint based Records through the FBI, for all household members eighteen (18) years of age or older; and 7) All other States that I have lived in for any child and adult abuse and neglect registry results maintained by that State.

I/We understand that the information received will be utilized by the Nebraska Department of Health and Human Services and/or Contractor for Case Management in making decisions regarding the placement and care of children in my/our home. I/We also understand that completion of this form does not guarantee that children will be placed in my/our home.

All adults who are 19 years of age and older must sign and date below. For those who are 18 years old, a parent or guardian must sign on their behalf. Signatures are valid for a period of 2 years from the date of the signature.

Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date: