

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

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

Contact Person(s)* _____ Emily Faught, HR Phone _____ 316-651-1298
Agency name _____ Mental Health Association of South Central KS
Agency mailing address _____ 555 N. Woodlawn Suite 3105, Wichita, KS 67208
Agency email address _____ emily.faught@mhasck.org

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#: ____-____-____ Male Female
(mm/dd/yyyy) (mark 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:

DCF.APSRegistry@KS.GOV

or
Adult Abuse Registry
555 S. Kansas Ave
Topeka, Kansas 66603-3444

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

FOR PPS ADMINISTRATION USE ONLY:

Record Found? No Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.
If yes, check all that apply Abuse Neglect Exploitation Fiduciary Abuse
Perpetrator's Name: _____ Date Substantiated: _____
Initial: _____ Date: _____



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • 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: Emily Faught Agency/Org.: Mental Health Association of SCK
 Phone #: (316) 651-1298 Address: 555 N. Woodlawn Suite 3105
 Email: emily.faught@mhasck.org City/State/Zip: Wichita, KS 67208

Return Results by: Encrypted email (list if different than above): _____ 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. Postal mail only.	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: 48-0990763
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<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

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