



STATE OF RHODE ISLAND
 Department of Children, Youth and Families
 101 Friendship Street
 Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee enclosed (agency check, cashier check or money order – no personal checks accepted.
 Requests submitted without payment will not be processed.)

Facility Name:

Mailing

E-mail address:

Phone #:

Please indicate: Prospective Childcare operator or employee Foster Care provider
 Non-DCYF Adoption Employment Community Agency Volunteers who have
 supervisory authority over children without the presence of others Volunteer in a daycare
 setting Child Care and Community Agency Volunteers who **do not** have supervisory
 authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to _____ information obtained as a
 result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records
 check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the
 Department or the facility in determining my suitability for employment in a Child Care facility. This authorization
 will expire upon receipt by the facility of the Clearance Check Results or thirty (30) days after the date of this
 authorization appearing below.

Any information released and /or received as a result of this consent shall not be further relayed in any way to any
 person or organization outside of the Department without additional consent except as provided by statute.

Signature of Applicant		Date of Birth	Date of Authorization	
Last Name	First Name	Middle	Maiden	
Address		City/Town	State	Zip Code
# & Street				

BACKGROUND CHECK RESULTS

RICHIST: No Prior Contact

Case ID or Person ID: _____ Case Name: _____ Status: Active Closed

Investigation #	Level	Status
Name	Involvement	Allegations
MASTERFILE: (Prior to 1984)		
<input type="checkbox"/> No prior Involvement		