

Authorization:

I authorize the WV Department of Health and Human Resources to conduct a background check on me which includes a search of Child Protective Services records, Adult Protective Services records, and Institutional Investigation Unit records maintained by the Department. I authorize the Department to inform the person or agency named on the front of this form of the results of the background check. **I understand that a positive history of maltreatment in any West Virginia Department of Health and Human Resources protective services record will effect my working in a child care, foster care or adult care setting.** I release the WVDHHR and/or its agents in providing information pursuant to this authorization from any and all liabilities, claims or lawsuits.

(Signature)

(Date)

DHHR Office Use Only

_____ No record of substantiated maltreatment was found.

_____ Records indicate that maltreatment occurred by the individual.

(DHHR Stamp or Signature of Authorized Individual)

(Date)