

<b>1. Name and mailing address of CASA Representative:</b>  Yamhill County CASA Program 638 NE 5 <sup>th</sup> St. McMinnville, OR 97128	<b>Please Submit Requests to:</b> Background Check Unit PO Box 14870 Salem, OR 97309-5066 <b>Or Fax:</b> (503) 378-6314	
<b>2. Applicant Authorization.</b> I have applied for a position with the CASA program in the State of Oregon. Use of the information contained in this notice is strictly limited to the purposes outlined in ORS 419(B). The information contained in this notice is confidential and legally privileged. I understand that an abuse records check will be completed on me. The State of Oregon, Department of Human Services (DHS), maintains a central state registry regarding child abuse/neglect investigations and the results of those inquiries. As part of the screening for CASA applicants and volunteers, DHS will disclose based on the information available in their records, whether the applicant has been determined to be responsible (Founded) for the abuse/neglect of a child in Oregon, or if the applicant is currently the subject of an investigation of abuse/neglect in Oregon. I understand that if I provide false or incomplete information I may be denied the position. I also understand that the Department of Human Services is not responsible for making a determination whether or not I am qualified to hold the position for which I'm applying.		
<b>3. Applicant Information:</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>SSN (Voluntary):</b>		<b>DOB:</b>
<b>4. Abuse History :</b> I have been the subject of a child abuse/neglect investigation in Oregon or another state. <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> And if so, when, where, explain, etc?		
My signature authorizes the Department of Human Services (DHS) to complete a child abuse history check and to release their findings of that check to the CASA program listed above.		
<b>Applicant Signature:</b>		<b>Date signed (mm/dd/yy):</b>
<b>5. Results of Background Check.</b> The above applicant has been determined to be responsible (Founded) for the abuse/neglect of a child in Oregon, or is currently the subject of a child abuse/neglect assessment. <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> This information does not necessarily reflect any subsequent proceedings that are not within the jurisdiction of DHS. If the "yes" box is checked and the applicant would like to request more detailed information with regard to a founded incident(s) of abuse or neglect, they may fax a written request along with a copy of this notice to <b>503-378-3800, Attention Lisa Zacharias</b> . The request will then be forwarded to the local child welfare office that investigated the founded incident.		
<b>6. DHS Representative:</b>		
<b>7. Signature of DHS Representative:</b>		<b>8. Date signed (mm/dd/yy):</b>