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# Authorization for Release

The information requested on this form is necessary for the foster home licensing process. Please answer each question completely. If additional space is required, please use another sheet of paper. Incomplete applications will be returned. SaintA is in partnership with the Department of Children and Families. Any information received or revealed pursuant to this application will be held in strict confidence by SaintA.

*Authorization for Release of Information and Records is a part of the application/re-licensing process for becoming a caregiver in Foster Care Services. Please be sure all lines are filled in before you sign this form.*

Please list your *current legal name* and any other names you have been known by, including maiden names and aliases:

Current Legal Last:	Current Legal First:	Current Legal Middle:
Last:	First:	Middle:
Last:	First:	Middle:
Last:	First:	Middle:

## Personal Information

Date of Birth:	Social Security # :	Driver's License # :
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List all addresses resided at within the past *five years* (including current address) for Police and Department of Health and Human Services background checks:

Current Address:	City/State/ZIP:	County:
Address:	City/State/ZIP:	County:
Address:	City/State/ZIP:	County:
Address:	City/State/ZIP:	County:

Please note that SaintA is acting on behalf of the Department of Children and Families in performing assessments and foster care licensing with regard to Levels 1 and 2 foster care. SaintA is acting on its own behalf in Levels 3-5 assessments and foster care licensing.

In connection with my application for a Foster Care/Adoption License or Kinship Care verification, I hereby authorize and direct SaintA to obtain information it deems necessary about my background in order to process my application or re-application for foster care licensing and/or maintain my foster care license or Kinship Care status in good standing. I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. I understand that if I revoke this authorization, it may result in SaintA being unable to issue a license to me because SaintA is required by law to research the background of individuals prior to licensing them or renewing their licenses. I understand that my application for a license is not an application for employment.

I furthermore hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by SaintA or third party acting on behalf of SaintA, including but not limited to InCheck, Incorporated, 7500 West State Street, Suite 200, Wauwatosa, WI 53213, Toll free: (866) 265-9426, www.incheck.net, either itself or through a third party consumer reporting agency.

I understand that as part of my/our application for foster care licensing, SaintA on its own behalf and/or on behalf of the Bureau of Milwaukee Child Welfare may contact third parties, including but not limited to, government agencies and current and past employers regarding my/our background(s). I further understand that SaintA, the Bureau of Milwaukee Child Welfare and its partner agencies have no control over and no legal responsibility for any information kept by a third party and disclosed by any third party to SaintA, the Bureau of Milwaukee Child Welfare or its partner agencies. I/we specifically agree to hold harmless SaintA, the Bureau of Milwaukee Child Welfare and its partner agencies for the contents of any information obtained from a third party in connection with my/our application for foster care licensing.

I understand that the information released to SaintA in Levels 3-5 licensing, or third party acting on behalf of SaintA including but not limited to InCheck, Incorporated, either itself or through a third party consumer reporting agency, cannot be passed to any other agency/individual without my authorization.

I understand that this authorization will be valid for the period of two years from the date of my signature below or for the period of my foster care license with SaintA if less than two years, or until I withdraw my authorization by contacting Teresa Cocker, Director of Out of Home Care Programs at SaintA, in writing. At a minimum, background checks will be conducted every year and can be conducted more frequently based on the discretion of SaintA. This authorization form is intended to be in conformance with s. 48.685, Stats., Ch. HFS 12, S. DCF 56.05 or any other part of this chapter (DCF 56) to determine whether the applicant/licensee may be granted a license or make the applicant/licensee an eligible candidate for foster parent status.

I authorize copies of this release form to be sent via fax/mail to the agencies specified above through the expiration date.

Authorization for Release of Information and Records | 4/5/9 Revised 6/27/12 | APPENDIX 7

## Applicant Signature

Signature:	Date:
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### FOR OPEN RECORDS USE ONLY

Name of Agency:		
<input type="checkbox"/> The above-named individual has no record.	Signature:	Date:
<input type="checkbox"/> The above-named individual has a record, which has been attached hereto:	Signature:	Date: