Date background check started:	
Requester's Name:	Organization:
Agency/Group Home/YDC:	Date of Hire:
Applicant's Full Name:	Other Legal Names:
Social Security Number:	Date of Birth:
Email:	Telephone:

Addresses Last Six Months:
States Resided in Last Five Years:

Reason for Background Check:	LEA Employee	DCS Employee	DCS Volunteer	Contract Provider Employee
Other Child Care Related	Foster Parenting	ICPC/ICJ Request		
Other (Specify):				
New Hire Annual				

Copies of all results received must be attached with this form. See form instructions, page 2, for Background Checks schedule.

Type of Background Check	Employee Results/ Date Cleared	Foster Parent/Household Member Results/ Date Cleared	Central Office Use Only
Local Law Enforcement Check			
National Sex Offender Registry			
Vulnerable Persons Abuse Registry			
TN Felony Database Clearance			
Drug Offender Registry			
CS-0741 DCS Database Search			
Out-of-State Child Abuse/Neglect Check			
Fingerprint Results (TBI/FBI)			
Purpose Code X III Name Check			
Driver's License			
Other (Specify):			

Comments:

Results Reviewed by:		**Date:**

Requester's Signature

Central Office Use Only

Date Reviewed	Date Response	Date Reviewed	Date Response

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INSTRUCTIONS FOR USE OF FORM
CS-0687
Background Check History and IV-E Eligibility Checklist

Form **CS-0687, Background Check History and IV-E Eligibility Checklist** is utilized to record the date of completion of criminal and child abuse and neglect background checks for an expedited placement, approval of a foster parent(s) (DCS or Contract Agency), other adult household members, volunteers, or employees (DCS or Contract Agency).

- A separate form must be completed for each individual person who is the subject of the background checks.

- All fields must be completed with information, a date or recorded with "N/A" when not appropriate.

- When entering the applicant's address begin with the current address working backwards.

- When entering the applicant's states in which resided begin with the most recent and work backward.

- To complete an Out-of-State Child Abuse/Neglect check, access the Adam Walsh State Contacts for Child Abuse Registries link: ***ccld.ca.gov/res/pdf/Revised%20AW_Contact_List.pdf***

- At the completion of the document, results must be reviewed and approved by a supervisor.

- The form is filed in the appropriate foster parent, employee, or family case file or applicable file.

- This information can and should be shared between divisions of the agency to ensure that collected knowledge crosses departmental boundaries on an as needed basis.

- This form is used by Central Office staff for the confirmation of completion of IV-E eligibility documentation for DCS and Contract Agency foster homes and Contract Agency congregate and residential direct care staff.

- For further clarification of back ground check requirements, refer to DCS policies ***4.1, Employee Background Checks***, ***16.4, Foster Home Approval***, and ***16.8, Responsibilities of Approved Foster Homes***, and the ***Volunteer Coordinator's Procedure Manual***.

Background Check Guidelines

Type of Background Check	Schedule for Background Check Completion
Local Law Enforcement Checks	Employees- Initial
	Volunteers- Initial
	Foster Parents- Initial, Biennially

National Sex Offender Registry	Employees- Initial, Annual
	Volunteers- Initial, Annual
	Foster Parents- Initial, Biennially

Vulnerable Persons Abuse Registry (TN Dept. of Health)	Employees- Initial, Annual
	Volunteers- Initial, Annual
	Foster Parents- Initial, Biennially

TN Felony Database Clearance	Employees- Annual
	Volunteers- Annual
	Foster Parents- N/A

Drug Offender Registry	Employees- Annual
	Volunteers- Annual
	Foster Parents- N/A

CS-0741 DCS Database Search	Employees- Initial
	Volunteers- Initial
	Foster Parents- Initial

Out-of-State Child Abuse/Neglect Check ***Required for out-of-state addresses the past five years**	Employees- N/A
	Volunteers- N/A
	Foster Parents- Initial

Fingerprint Results (TBI/FBI)	Employees- Initial
	Volunteers- Initial
	Foster Parents- Initial

Purpose Code X III Name Check (Used only for emergency placements that will be made within 24-48 hrs)	Employees-If applicable
	Volunteers- N/A
	Foster Parents- If applicable

Driver's License (Also attach copy of auto Insurance, current vehicle registration and vehicle inspection if applicable)	Employees- Initial, Annual
	Volunteers- Initial, Annual
	Foster Parents- Initial, Biennially