


All CPS Applications must be completed electronically. Complete the form online and then print and sign in front of a Notary.

**Part I: Purpose of Search**

**A. Release to Self:** Please leave this section blank. The results should be sent directly to Fello for processing so the applicant can be cleared to work.

**B. Release to an Agency/Individual Related to: Institutional Employee** should be checked, and Fello's information should be populated following the template below:



**CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET**

**CONSENT FOR RELEASE OF INFORMATION**

**\*\*\*\*\*PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT \*\*\*\*\***

**Part I: PURPOSE OF SEARCH**

**A. RELEASE TO SELF:**

1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.

2. To determine if I have any remaining appeal rights.

**B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:**

<input type="checkbox"/> Adoption	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Youth Camp Personnel Administrator
<input type="checkbox"/> Foster Care	<input checked="" type="checkbox"/> Institutional Employee	<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Youth Camp Worker/Volunteer
<input type="checkbox"/> Kinship Care	<input type="checkbox"/> CASA	<input type="checkbox"/> Community Mental Health Entity	<input type="checkbox"/> Other (Please Specify)
<input type="checkbox"/> International Adoption	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Group Home/Residential Treatment Facility	

Agency/Individual Name	Name of Agency Representative
Fello	Leigh McHargue
Agency Address (To include street # and name, unit type and #, city, state, and zip code)	Representative's Phone Number
999 Corporate Blvd, Ste 300, Linthicum, MD 21090	410 - 384 - 4406
Representative's Email	
SDSEmployeeRelations@fello.org	

**Part II: Search Information**

Populate the following fields:

- Applicant's Last Name, First Name, Middle Name, and Maiden Name (if applicable)
- Applicant's Social Security Number, Date of Birth, Sex, and Race
- Applicant's Current Address
- Applicant's Daytime Telephone number and Email Address
- Applicant's Current Spouse's Full Name and Date of Birth \*\*\* If applicable\*\*\*
- Applicant's Children's Full Name and Date of Birth \*\*\* If applicable\*\*\*

**Part II: SEARCH INFORMATION** (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME
SOCIAL SECURITY NUMBER			
DATE OF BIRTH	SEX	RACE	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
OTHER NAMES USED			
NUMBER STREET NAME CITY/STATE ZIP CODE COUNTRY			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
CURRENT SPOUSE			
LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH
FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with)			
LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH
If more than 3 children, attach additional paper if necessary.			
Have you lived in Maryland in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No         Have you worked or volunteered in Maryland in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to either question, from what years:			

DHR/SSA 1279A Side 1 (03/2017 edition) (All other versions are obsolete)

Staff must check if they lived in Maryland in the Past.

Staff must check if they worked or volunteered in Maryland in the past.

If either response to prior questions is yes, staff must indicate the specific years they worked, volunteered, or lived in Maryland.

Provide prior addresses including Dates resided in home for the last 7 years.

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

