

## **Background Checks:**

### **Requirements**

All Host Families and Coaches must submit the following. Family Friends who will have consistent contact with children must submit these also.

1. Maine Child Abuse Records Researches (\$15/per person)
2. FBI Background Check(\$50/per person) OR
  - a. Copy of Foster Care Certification
  - b. Copy of teachers clearance

### **Packet Content**

1. Maine Child Abuse Records Researches (Maine CAR's)
  - a. **Complete application and mail to the address on the directions. Couples may use the same envelope and one check if desired.**
  - b. **Be sure to include stamped self-addressed envelope with application and check.**
2. Fieldprint FBI Background Check
  - a. **Follow directions**

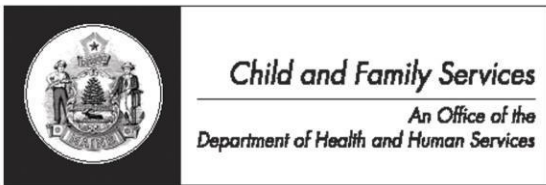
**All results need to be forwarded to:**

**SFFC, P.O. Box 1080, Lewiston, Me 04240**

**OR**

**[CentralandsouthernME@safefamilies.net](mailto:CentralandsouthernME@safefamilies.net)**





Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Fax: (207) 287-5282  
TTY Users: Dial 711 (Maine Relay)

## Requesting Maine Child Abuse Record Researches

Thank you for registering. The required release form is attached.

Please DO NOT share this form with other agencies.

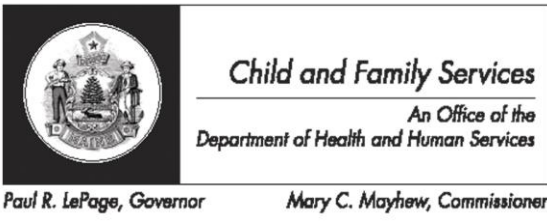
Changes to your contact information should be reported to us immediately.

**For questions, or to report changes, call 1-800-452-1999 x2**

### **Submit requests as follows:**

- One authorization release per person, completed (no blanks) by the individual who is the subject of the search. The individual must be at least 18 years of age. This release authorizes the search and disclosure regarding whether or not the individual has been substantiated by Maine DHHS as an abuser of a child. When substantiated history is evident, additional confidential information from the record regarding the nature of that involvement, including any statement or actions taken, will be provided. The fact that an individual has been involved should not be used as the sole reason to disqualify the applicant. The nature of the problems, the use of resources, and the outcome should be considered. The individual should be directed to read this release form carefully.  
**(Forms not properly filled out cannot be processed.)**
- Enclose a self-addressed postage paid envelope. For multiple requests, one envelope with total postage preferred.
- Enclose \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004). For multiple requests, one check for the total fees preferred. Only checks or money orders accepted. We do not accept cash, credit cards, pre-payments, nor do we bill. Fees cannot be reimbursed. When underpayment or overpayment is received, a corrected payment will be required before requests can be processed.
- Photo copy all requests and payments before mailing. Our office does not maintain or provide these records. It is the requesting agencies responsibility.
- Mail to: DHHS, OCFS  
Attn: CPI Records Research  
SHS 11, 2 Anthony Avenue  
Augusta, ME 04333.  
**(Requests cannot be made electronically.)**





Department of Health and Human Services  
Child and Family Services  
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11 State House Station  
Augusta, Maine 04333-0011  
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**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **2000**

**Robin Chamberlain  
Lydia Home Association/SFFC  
P.O. Box 93  
Whiting, ME 04691**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT →**



## FIELDPRINT FBI BACKGROUND CHECKS

### 1. Do I need to schedule an appointment?

Yes, an appointment is required to be fingerprinted. Walk-ins are not accepted. Schedule today @ <http://fieldprintfbi.com>

### 2. How do I schedule an appointment to have my fingerprints collected?

Go to <http://fieldprintfbi.com> and click on Schedule an Appointment. You are then prompted to create a username and password. Then, you are required to enter your personal and demographic information. From there, you are able to schedule an appointment at a location, date and time most convenient for you!

### 3. How do I answer these questions?

\* Reason for Request  ?

\* Is this request for employment, licensing, or an apostille?  Yes  No **No**

How did you hear about Fieldprint ?  ?

**Response could be: a friend recommended it**

**When using FieldPrint to obtain your FBI Check, you must be specific as shown above.**

### 4. How long will my appointment to have my fingerprints collected take?

Your fingerprinting appointment will take approximately 5 to 10 minutes. You will need two forms of identification for this appointment.

### 5. Where are they located in Maine?

There are locations in Scarborough, Portland, Auburn and Augusta

### 6. How much does it cost?

The total cost for this service is \$50.00. This cost includes Livescan fingerprint collection, the FBI fee and access to the Report Management Portal for 30 days.

### 7. What forms of payment are accepted?

MasterCard, American Express, Discover and Visa are accepted.

### 8. How do I get the results?

You will receive an email with directions. Open the email on a laptop/computer, NOT your smart phone. You will need "Adobe Reader" (free download). Save the results to your computer/drive. We recommend you print it also if possible. **YOU CAN ONLY CLICK ON THE SITE AND DOCUMENT ONCE – BE PREPARED**

### 9. What do I do with my results?

Since you obtained the results for personal review, you are free to do with them what you want. Please share a copy with us by mailing it to SFFC, PO Box 1080, Lewiston, Me 04242

### 10. Who can I call for help?

Kathy Hegarty @ [khegarty@safefamilies.net](mailto:khegarty@safefamilies.net) or call 207-939-2128  
Lisa Wells @ [lwells@safefamilies.net](mailto:lwells@safefamilies.net) or call 207-613-0381