



Release of Information

Complete the following on each applicant/foster parent and adult household member. This form must be submitted with a valid driver's license or state identification card for each respite/alternative care provider and adult household member.

Applicant's Name(s): _____

Applicant's Address: _____

Type of Application: **Respite Care** **Alternate Care**

Name: _____ **Maiden Name:** _____
First Middle Last

Driver's License Number: _____ **DOB:** _____ **SS#:** _____

Name: _____ **Maiden Name:** _____
First Middle Last

Driver's License Number: _____ **DOB:** _____ **SS#:** _____

Name: _____ **Maiden Name:** _____
First Middle Last

Driver's License Number: _____ **DOB:** _____ **SS#:** _____

I/We hereby authorize representatives of Focus on Youth, Inc. to release any and all information that may be on file to the Ohio Department of Job and Family Services and the State Automated Child Welfare Information System (SACWIS).

RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby authorize representatives of Focus on Youth, Inc. to share confidential information contained in my respite/alternative care file that may include but is not limited to a copy of my application or interview form, results of background checks, safety audit, pet information, and other applicable information. This information will be shared with public children service agencies during the care approval process to assist county agencies with decision making.

RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Clermont County DJFS permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Hamilton County DJFS permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.



RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Butler County Children Services permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby certify that I have given Warren County Children Services permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation that has been received by my licensing agency, Focus on Youth, Inc. I hereby release the Ohio Bureau of Criminal Identification and Investigation, Focus on Youth, Inc, and all individuals connected therewith from all the liability in connection with the dissemination of such arrest and conviction data.

RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/We hereby authorize Focus on Youth, Inc. to make motor vehicle record inquiries as required for the placement of youth in my home. I further understand that some county children services agencies will not permit employees, foster parents, respite or alternative care providers, or any other driver associated with the foster parent or agency to transport youth if the driver has 5 points or more on the driver's license.

RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

I/we give permission to the agency to conduct a search of the Central Registry on Child Abuse and Neglect for my/our name(s). This information will be used for the purpose of respite/alternative care of foster children.

RP 1: _____ **RP 2:** _____ **AHM:** _____ **AHM:** _____
(initial to approve) (initial to approve) (initial to approve) (initial to approve)

This release of information is valid until the agency receives written notification to terminate the release.

Respite/ Alternative Provider 1 Date

Respite/Alternative Provider 2 Date

Adult Household Member Date

Adult Household Member Date

Adult Household Member Date

Witness Date

