**County of Residence Sheriff’s Department Crime Check**

**The person(s) listed below has/have applied or are currently licensed foster/adoptive parent(s) for Focus on Youth, Inc. through the Ohio Department of Job and Family Services. Focus on Youth, Inc. requires a county of residence criminal check as part of this initial and ongoing licensure. Thank you for your cooperation.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.:

ADDRESS:

SOCIAL SECURITY:

SIGNATURE:

RESULTS:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.:

ADDRESS:

SOCIAL SECURITY:

SIGNATURE:

RESULTS:

**The above county crime check was completed by**

**Sheriff’s Department on by**

 (Date) (Name of individual completing the check)