**Local Crime Check**

To be completed by the police department that would

respond to your home in the event of an emergency.

**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 local 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 local crime check was completed by**

**Police Department on by .**

 (Date) (Name of Individual Completing the Check)