Janet T. Mills
Governor

Sara Gagné-Holmes
Acting Commissioner

Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Ave.
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY: 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 the Background Check Unit 207-624-7965

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. Original signatures are required, unless DocuSign (or other) documentation can be provided. 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. *The individual should be directed to read this release form carefully.* The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.

  (Forms not properly filled out or signed manually cannot be processed.)

- The Code of Federal Regulations, that explain and clarify CAPTA, provides: "If a State chooses, it may authorize by statute disclosure to additional persons and agencies, as determined by the State, for the purpose of carrying out *background and/or employment-related screening of individuals who are or may be engaged in specified categories of (1) Child-related activities or employment; or (2) Activities or employment related to adults with intellectual disabilities or (3) private agency adoption or foster care.*

- $15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004).

- Our office does not maintain or provide these records. It is the requesting agencies responsibility.

- DHHS, OCFS
  Attn: Background Check Unit
  SHS 11, 2 Anthony Avenue
  Augusta, ME 04333.

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AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION

I, _____, authorize the Maine Department of Health and Human Services to release **(Please print clearly)** confidential information to the above agency regarding whether or not I have been substantiated in a State of Maine Child Protective Services case.

I understand that:

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact the Background Check Unit at (207)-624-7965.
- 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.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH:_____**ALIASES (including maiden):**_____

SIGNATURE:_____**DATE:**_____

MAINE ADDRESS:_____

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