

AUTHORIZATION FOR CRIMINAL HISTORY RECORD CLEARANCE

INSTRUCTIONS

DHS 1645

PURPOSE:

DHS 1645 shall be completed by individuals who are requesting and authorizing the release of criminal history records through fingerprinting and/or a name check via the Hawaii Criminal Justice Information System (CJIS). The individual completing this form authorizes the Department of Human Services (DHS) or its designee to conduct a background check and to release the results to the requesting individual or agency as specified by the individual, for the purpose of determining the individual's qualifications to work and/or care for children and/or disabled and aged adults.

COMPLETION OF THE FORM: PRINT LEGIBLY IN BLACK INK OR TYPE ALL ENTRIES.
DHS or its designee shall return the form for clarification if entries are unreadable.

Page 1:

1. Check only one of the programs at the top of the DHS 1645 as it applies to your application for employment, licensure, certification, or to become a volunteer.

The requesting agency should check the appropriate box. If no box is checked and you are not sure which box should be checked, ask the requesting agency which box should be checked.

2. **FBI Fingerprinting Clearance and/or Hawaii Criminal Justice Information System (CJIS) Name Check boxes:** Check the appropriate box(es) in this section as follows:
 - **FBI Fingerprinting Clearance:** Check this box if this applies to you;
 - **CJIS Name Check:** Check **Initial** box if this is the first time you are requesting a Criminal History Clearance; OR check **Recertification** box if you are requesting a recertification.

For CCFH/CMA and ADULT DAY CARE CENTER ONLY: Check ONLY the FBI Fingerprinting Clearance box. CJIS Name Checks are the responsibility of the requesting individual. Requests for CJIS Name Checks are NOT to be sent to DHS or its designee for completion.

3. **Requesting Individual or Agency:** Enter the name and mailing address of the person or agency that is to receive the results of the background check.
4. Enter your name, maiden name and any other names (aliases) you have used in the past.
5. Enter all other requested information. This information should match your picture identification information. Please ensure that your picture identification has not expired.
6. **Authorization to release information:** Read the information within the box and enter the date or the event when you wish the authorization to expire. Note that the authorization will expire one year from the date you sign the form if no date is included. Sign and date the form at the bottom of page 1 in the spaces provided.

Page 2:

1. Check the appropriate box to indicate whether or not you have been convicted of a crime. If you have been convicted of a crime, list the date(s), place(s) of conviction, offense(s), and your sentence(s) and/or fine(s) in the boxes provided.
2. Print your full name and enter your birth date. Sign and date this section to verify that the information provided about any convictions is complete and true.
3. When ONLY the CJIS Name Check is being requested, mail or FAX the completed DHS 1645 to DHS' designee:
Insights to Success, Inc. (ITS)
P. O. Box 1290
Honolulu, Hawaii 96807
FAX #: 532-8331
4. When the FBI Fingerprinting Clearance is being requested:
 - a. Call ITS to make an appointment to be fingerprinted. ITS telephone numbers:
Oahu: 532-8322
Neighbor Islands: (877) 532-8322
 - b. Appointment sites are at various locations and will be explained to you by ITS. ITS will attempt to make an appointment for you at a location that is convenient for you.
 - c. Make only one appointment for each person. The ITS Call Center has a tracking method to determine if the same person makes appointments at different sites and at different times. The ITS Call Center will not accept more than one appointment per person.
 - d. When you make the appointment, you will be asked if you have completed the DHS 1645, "Authorization for Criminal History Record Clearance." If you have not completed the DHS 1645, you will need to do so. If you need a copy of the DHS 1645, call the agency that asked you to be fingerprinted or download the form from the DHS website: <http://hawaii.gov/dhs/backgroundcheck>
 - e. You will be given the location, date and time of your appointment by ITS. Please bring the following to your appointment: 1) the completed DHS 1645 form; 2) your payment for the fingerprinting, if required; and 3) a picture identification that has not expired.
 - f. For the programs where payment is required, payment must be in the form of a cashier's check or money order, made out to the **Hawaii Criminal Justice Data Center**. Ask the agency that is requiring you to be fingerprinted for the payment amount that applies to you.
 - g. Please arrive on time for your appointment. Individuals may be scheduled close to one another. If you miss your scheduled appointment time, you will have to re-schedule your appointment.

- h. Present your completed DHS 1645, your picture identification, and payment to ITS. You will receive a receipt for your payment and a copy of the completed DHS 1645 for your files.

DHS OR ITS DESIGNEE RESPONSIBILITY: In the "FOR OFFICIAL USE ONLY" section on page 2:

1. **FOR DHS/SSD/CWS ONLY:** For programs with an asterisk (*) on the top of page 1:
 - a. ITS shall *complete* the FBI Fingerprinting Clearance only by *checking* the appropriate box(es) and *entering* the date the fingerprint results were obtained.
 - b. ITS shall not complete the CJIS Name Check.
 - c. ITS shall *send* the ORIGINAL DHS 1645 and fingerprint results to CWS FHLU.
 - d. CWS FHLU shall *complete* the CJIS Name Check by *checking* the appropriate box(es) and *entering* the date the CJIS Name Check results were obtained.
 - e. CWS FHLU worker shall *enter* the worker's name, phone number, and the date the clearance(s) was completed.
 - f. CWS FHLU shall *mail* a photocopy of the completed DHS 1645 to the requesting agency and *file* the ORIGINAL form for future reference.
2. **FOR ALL OTHER PROGRAMS, ITS shall:**
 - a. *Complete* the FBI Fingerprinting Clearance and/or the CJIS Name Check Clearance sections by *checking* the appropriate box(es) indicating the results of the clearances and *entering* the date the results of the fingerprinting and/or the CJIS Name Check were obtained.
 - b. *Enter* the name of the worker completing the clearance(s) and the worker's phone number.
 - c. *Enter* the date the clearance(s) was completed.
 - d. *Retain* the ORIGINAL completed DHS 1645 and *file* for future reference.
 - e. *Mail* a photocopy of the completed DHS 1645 to the requesting individual or agency.

FORM SUPPLY:

DHS 1645 shall be photocopied as needed or may be downloaded from the DHS website:
<http://hawaii.gov/dhs/backgroundcheck>

STATE OF HAWAII / DEPARTMENT OF HUMAN SERVICES / SOCIAL SERVICES DIVISION

PROGRAMS: CHECK ONLY ONE: (* ITS: Forward form and print-out results to CWS FHLU-See page 2)

| | | |
|---|--|---|
| <input type="checkbox"/> CCFH/CMA (P) | <input type="checkbox"/> DOH-CAMHD (Other Than Ther.Homes/Staff) | <input type="checkbox"/> DHS-Med-QUEST (Other Than DOH- DDD) |
| <input checked="" type="checkbox"/> Adult Day Care Center (P) | <input type="checkbox"/> CWS- Child Specific Resource Families (B)* | <input type="checkbox"/> DOH-CAMHD- CPO Therapeutic Resource Homes & Staff (P)* |
| <input type="checkbox"/> Foster Grandparent (B) | <input type="checkbox"/> CWS- Hui Hoomalu & Kokua Ohana Staff (P)* | <input type="checkbox"/> DHS-Office of Youth Services (Other Than Safe House Staff) |
| <input type="checkbox"/> Senior Companion (B) | <input type="checkbox"/> CWS -CCI & CPO Staff & CPO non-therapeutic resources homes (P)* | <input type="checkbox"/> DHS-Office of Youth Services Safe House Staff (P)* |
| <input type="checkbox"/> Respite Companion (B) | <input type="checkbox"/> CWS- Catholic Charities HI Hale Malama & HOPE Waiting Keiki Contract Resource Families (B)* | <input type="checkbox"/> CWS- Hui Hoomalu DHS GL Resource Families (B)* |
| <input type="checkbox"/> DOH-ADAD | | |
| <input type="checkbox"/> DOH-AMHD | | |
| <input type="checkbox"/> DOH-OHCA | | |
| <input type="checkbox"/> DOH-DDD | | |

AUTHORIZATION FOR CRIMINAL HISTORY RECORD CLEARANCE

| | | | |
|---|---------------|--|---|
| <input checked="" type="checkbox"/> FBI Fingerprinting Clearance | AND/OR | <input type="checkbox"/> Hawaii Criminal Justice Information System (CJIS)-Name Check Initial | <input type="checkbox"/> Recertification |
|---|---------------|--|---|

REQUESTING INDIVIDUAL OR AGENCY: (Print or Type all information)

Name: _____ Phone: _____
 Address: _____ ATTN: _____

I hereby authorize the Department of Human Services (DHS) or its designee to conduct a criminal history record clearance on me and to release the information to the requesting individual or agency indicated above.

Full Name: _____
 Last First Middle

Any Alias(es)/Former Name(s), including Maiden Name: _____

Social Security No.: _____ Date Birth: _____ Place of Birth: _____ Country of Citizenship: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Color eyes: _____ Color hair: _____

Current Address: _____ Phone No.: _____

I understand that the information I provide about me shall be used solely for the purpose of conducting the criminal history record clearance. I also understand that the release of this information may be used as part of a background check for employment, volunteer, licensure, or certification purposes which may result in suspension or termination.

This authorization is good until ____/____/____ or _____
 Date Event

When no date or event is specified, the authorization shall expire one year from the date the authorization is signed.

Signature: _____ **Date:** _____

Please check the appropriate box:

- I have never been convicted of a crime.
- I have been convicted of the crime(s) listed below: (Do not include minor traffic violations involving a fine of \$50 or less)

| Date and Place of Conviction | Offense | Sentence/ Fine |
|------------------------------|---------|----------------|
| | | |
| | | |
| | | |

I, the undersigned, certify under penalty of false swearing in official matters, that the above listed information is true, accurate and complete to the best of my knowledge.

Print Full Name: _____ Date of Birth: _____

Signature: _____ Date: _____

*****FOR OFFICIAL USE ONLY*****

FBI Fingerprinting Clearance: The following results are based upon the fingerprint results of the individual identified above:

- No record of conviction found. Record of conviction found. FBI Fingerprint Clearance not requested

I certify that the Criminal History Record Check result information is accurate as of: _____
Date of Fingerprinting

Hawaii Criminal Justice Information System (CJIS) Name Check Clearance: (CWS FHLU will conduct CJIS Name Checks for programs with an asterisk)

- No record of conviction found. Record of conviction found. CJIS Clearance not requested

I certify that the Criminal History Record Check result information is accurate as of: _____
Date of CJIS Name Check

Clearance Completed by: _____ Date: _____
DHS or Designee Worker's Name Phone Number

DHS-SSD-CWS: *Forward this Form and print out results to CWS FHLU (see below):

CWS FHL Unit Address: