

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

PROGRAMS: CHECK ONE ONLY:

(* ITS: Forward original results to CWS FHLU-See page 2, and mail copy to requesting agency)

- | | | |
|----------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> CCFH/CMA | <input type="checkbox"/> DOH-ADAD | <input type="checkbox"/> DHS-Med-QUEST (Other Than DOH- DDD) |
| <input type="checkbox"/> ACCS General | <input type="checkbox"/> DOH-AMHD | <input type="checkbox"/> DHS-Office of Youth Services (Other Than Safe House Staff) |
| <input type="checkbox"/> ACCS Out-of-State Request | <input type="checkbox"/> DOH-OHCA | <input type="checkbox"/> DHS-Office of Youth Services Safe House Staff (P)* |
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> DOH-DDD | |
| <input type="checkbox"/> Foster Grandparent | <input type="checkbox"/> DOH-CAMHD (Other Than Ther.Hms/Staff) | |
| <input type="checkbox"/> Senior Companion | | |
| <input type="checkbox"/> Respite Companion | | |

AUTHORIZATION TO RELEASE INFORMATION FROM THE ADULT/CHILD PROTECTIVE SERVICES CENTRAL REGISTRY

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 the following Protective Services Central Registry Check: **Adult Protective Services (APS)** and/or **Child Abuse and Neglect (CAN)** on me and to release the information to the requesting individual or agency as indicated above. * Program with an asterisk: mail copy of results to requesting individual or agency and forward original to CWS FHL Unit noted on the bottom of page 2.

Full name: _____ Date of Birth: _____
Social Security Number: _____ Telephone Number: _____
Any Alias(es)/Former Name, including Maiden Name: _____

Current Address: _____

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a perpetrator and shall include date(s) of CONFIRMED incident(s) only and type of abuse for each incident.

I understand that the information I provide about me shall be used solely for the purpose of conducting the APS and/or CAN Protective Services Central Registry Check. 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: _____

Mail or FAX the completed form to: Insights to Success, P. O. Box 1290, Honolulu, Hawaii 96807; or FAX: 532-8331. If you have questions, please call: OAHU: 532-8322 or Neighbor Islands: (877) 532-8322.

**AUTHORIZATION TO RELEASE INFORMATION FROM THE
ADULT/CHILD PROTECTIVE SERVICES CENTRAL REGISTRY**

DHS 1507
INSTRUCTIONS

PURPOSE:

DHS 1507 shall be completed by individuals who are requesting the release of information from the Protective Services Central Registry of the Adult and Community Care Services (ACCS) Branch and the Child Welfare Services (CWS) Branch. By completing this form, the individual authorizes the Department of Human Services (DHS) or its designee to conduct a Protective Services Central Registry Check and to release the information to the individual or to a third party as specified by the individual.

SPECIFIC INSTRUCTIONS: **PRINT LEGIBLY IN BLACK INK OR TYPE ALL ENTRIES.**
DHS or its designee shall return the form for clarification if entries are unreadable.

1. *Check only one* of the programs that applies to your application for employment, licensure, certification, or to become a volunteer.
2. *Enter* the individual or agency to whom the information is to be released and the address where the information is to be sent. When information is being released to an agency, *enter* the name of the individual within the agency who is to receive the information, if applicable.
3. *Check* the appropriate box(es) for the Protective Services Central Registry Check(s) that you are requesting. Depending upon the program or agency that is requiring you to have a Protective Services Central Registry Check, you may be checking the Adult Protective Services (APS) box, the Child Abuse and Neglect (CAN) box, or both. If you are not sure which box(es) to check, please ask your program or agency.
4. *Enter* your full name, date of birth, social security number, telephone number, any aliases including maiden name, and current address.
5. **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 or event is included. *Sign and date* the form at the bottom of page 1 in the spaces provided.
6. *Mail or FAX* the completed form to DHS' designee:
Insights to Success, Inc. (ITS)
P. O. Box 1290
Honolulu, Hawaii 96807
FAX #: 532-8331

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

1. *Print* the full name and date of birth of the requesting individual.
2. *Complete* the APS/CAN Central Registry Clearance and *check* the appropriate box(es) indicating the results of the clearance. *Write in* the dates of confirmation as applicable.
3. *Enter* the name of the worker completing the clearance and the worker's phone number.
4. *Enter* the date the clearance was completed.
5. *Retain* the ORIGINAL completed DHS 1507 and *file* for future reference.
6. *Mail* a photocopy of the completed DHS 1507 to the requesting individual or agency.
7. **DHS/OFFICE OF YOUTH SERVICES ONLY:** For the program with an asterisk (*) on the top of page 1:
 - a. *Send* ORIGINAL completed DHS 1507 to CWS FHLU;
 - b. *Mail* photocopy to the requesting agency; and
 - c. *Retain* photocopy and *file* for future reference.

FORM SUPPLY:

DHS 1507 shall be photocopied as needed or may be downloaded from the DHS website:
<http://hawaii.gov/dhs/backgroundcheck>