PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an $8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- [ ] Foster parent
- [ ] Prospective adoptive parent
- [ ] Employee of child care services
- [ ] School employee governed by the Public School Code
- [ ] School employee not governed by the Public School Code
- [ ] Self-employed provider of child-care services in a family child-care home
- [ ] An individual 14 years of age or older applying for or holding a paid position as an employee
- [ ] An individual seeking to provide child-care services under contract with a child care facility or program
- [ ] An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
- [ ] An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year

- [ ] Volunteer having contact with children

  If purpose is volunteer having contact with children, choose SUB PURPOSE:
  - [ ] Big Brother/Big Sister and/or affiliate
  - [ ] Domestic violence shelter and/or affiliate
  - [ ] Rape crisis center and/or affiliate
  - [ ] Other: _____

- [ ] PA Department of Human Services Employment & Training Program participant (signature required below)

  _____   _____
  SIGNATURE OF OIM/CAO REPRESENTATIVE   OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

- [ ] Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH (MM/DD/YYYY)	AGE
___ ___ ___	[ ] Male [ ] Female [ ] Not reported		

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1 Diocese of Allentown
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2 PO Box F
CITY	CITY	CITY Allentown
COUNTY	COUNTY	COUNTY Lehigh
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE PA
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE 18105
COUNTRY	COUNTRY	COUNTRY USA
[ ] Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER

EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)

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PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS
(Please list everyone who lived with you at any time since 1975 to present.
Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)

Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	☐ Parent ☐ Guardian ☐ person(s) who raised you		
2.	☐ Parent ☐ Guardian ☐ person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE   DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED ☐ YES ☐ NO ☐ VALID PAYMENT AUTHORIZATION CODE ☐ WAIVED (supervisor initials) _____	CERTIFICATION ID #

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