



SOS CASA of the Flint Hills

1420 C of E Dr, Ste 6
Emporia, KS 66801
(620) 343-2744
fax (620) 343-3070
kperaza@soskansas.com

Thank you for your interest in the Court Appointed Special Advocate (CASA) program. There are many children who need an advocate and we are hopeful that you can assist them by becoming a CASA volunteer.

Enclosed you will find the CASA application packet along with necessary release forms. We will begin to process your application as soon we receive these forms, should you decide to volunteer for CASA.

In order to protect children and provide the court with qualified volunteers, a fingerprint based national criminal history record investigation will be conducted on every applicant. The Office of Judicial Administration will submit your fingerprints and receive the report on your criminal history investigation. Applicants determined ineligible to serve as volunteers based on their criminal history background investigation will have the opportunity to verify their identity with the Kansas Bureau of Investigation. Applicants who do not provide fingerprints for CHRI will not be approved to serve as CASA or CRB volunteers.

The next step will be for us to meet. I am looking forward to hearing from you! Please also feel free to call our office if you have any questions or concerns that you would like to discuss about our program or the application process. On behalf of the children we serve, thank you again for your interest in becoming a CASA volunteer.

Sincerely,

Katy Peraza
Advocate Coordinator

Frequently Asked Questions

What is a CASA volunteer?

A Court Appointed Special Advocate (CASA) is a trained citizen who is appointed by a judge to represent the best interests of a child in court.

All of the children served by CASA are victims of abuse and neglect.

What is the role of a CASA?

A CASA provides a judge with carefully researched background details about the child to help the court make a sound decision about that child's future.

Each case is as unique as the child involved. The advocate evaluates the child's situation to recommend whatever is in the child's best interest. The advocate follows through on the case until it is permanently resolved.

How do CASAs investigate a case?

The CASA talks with the child, parents, family members, social workers, school officials, health providers and others who are knowledgeable about the child's history. The CASA also reviews all records pertaining to the child—school, medical, case worker reports and other documents.

How are CASAs different from social service caseworkers?

Social workers generally are employed by state governments or their subcontractors and are sometimes working on as many as 60 to 90 cases at a time; they are frequently unable to conduct a comprehensive investigation of each case. The CASA has more time and a smaller caseload to work (CASAs typically are only assigned to 1 case at a time.) The CASA does not replace a social worker on a case; they are an independent appointee of the court. The CASA thoroughly examines a child's case, knows about various community resources and makes recommendations to the court independent of state agency restrictions.

How is the CASA different from the child's attorney?

The CASA does not provide legal representation in the courtroom—that is the role of the attorney. However, the CASA does provide crucial background information that assists attorneys in presenting their cases. It is important to remember that CASA do not represent a child's wishes in court. Rather, they speak through their court report for the child's best interests, and reports the child's wishes in the court report.

Is there a "typical" CASA?

Our advocates come from all walks of life and possess a variety of professional, educational, socioeconomic and ethnic backgrounds. There are no special educational requirements or prior knowledge of social welfare issues required to become a CASA. Many CASAs are full-time employed, others are retired, some are students, and both men and women are CASAs. CASAs must be at least 21 years old.

How do CASAs help children?

CASAs offer children trust and advocacy during complex legal proceedings. They help explain to the child the events happening involving the case, reasons they are in court and the roles of the judge, lawyers and case workers. While remaining objective observers, CASAs also encourage the child to express his or her own opinion and hopes about the case. Children who have had a CASA representing their best interests tend to not re-enter foster care once they've found permanency. The family is provided with more tailored services to meet their unique needs, and the children are provided with a consistent adult with whom they can develop a trusting relationship. Because CASAs are trained to advocate for the child's needs, the CASA continually assesses the child's situation, and identifies appropriate resources to benefit the child.

Do lawyers, judges and social caseworkers support CASA?

Juvenile and family court judges implement the CASA program in their courtrooms and appoint volunteers. CASA has been endorsed by the American Bar Association, the National Council of Juvenile and Family Court Judges, and the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice. The federal government also supports CASA, making CASA a priority project of the Department of Justice's Office of Juvenile Justice and Delinquency Prevention. CASA is found in 49 states.

How much time is required to volunteer?

Each case is different. A CASA volunteer usually spends about 10 hours doing research and conducting interviews prior to the first court appearance. More complicated cases can take longer. Once initiated into the system, volunteers give about 10 hours a month to their case.

The volunteer continues until the case is permanently resolved. One of the primary benefits of the CASA program is that, unlike other court principals who often rotate cases, the CASA volunteer is a consistent figure in the proceedings and provides continuity for a child. CASA requires a 1 year commitment.

Are there other agencies or groups providing a similar service?

There are other child advocacy organizations, but CASA is the only program where volunteers are appointed by the court to represent a child's best interests.

How many children are in need of a CASA in Kansas?

At any given time, half a million children are in foster care nationwide. About 7,000 children in Kansas have been removed from their homes and could benefit from a CASA's advocacy.

To join our e-mailing list for the latest CASA news, contact us!

CASA JOB DESCRIPTION

It is the policy of SOS Inc. to provide equal employment and volunteer opportunities to all persons without regard to race, color, creed, ancestry, ethnic or national origin, age, religion, sex, sexual orientation, marital or parental status, economic status, education, disability, and Veteran status.

QUALIFICATIONS

- ❖ Be at least 21 years of age
- ❖ Ability to keep all client and court information strictly confidential
- ❖ Ability to communicate effectively both orally and in writing
- ❖ Ability to respect and relate to people from various backgrounds (economic, cultural, educational) in a variety of settings
- ❖ Ability to deal with hostility, anger and other emotional attitudes
- ❖ Ability to maintain objectivity and impartiality
- ❖ Ability to gather and record factual information accurately
- ❖ A basic understanding of child development and family relationships

I understand that it shall be my duty to fulfill the following requirements:

PRE-SERVICE

- ❖ Complete application and submit to screening process
- ❖ Attend all pre-service training, approximately 30 hours; notify staff if unable to attend so that other arrangements can be made
- ❖ Observe a minimum of 2 court hearings prior to being appointed to first case

DUTIES

- ❖ Complete an intensive independent review of each case:
 - Review appropriate records and reports, gathering all pertinent information
 - Interview all relevant parties; maintain regular contact with pertinent individuals such as case managers, teachers, therapists, parents, etc.
 - Maintain adequate contact with the child in order to build and sustain rapport, at least monthly
 - Observe the child and significant others
- ❖ Report findings to the court:
 - Provide an electronic version of a written report containing factual information and recommendations at least 14 days before scheduled court hearings
 - Attend court hearings concerning the child
 - Participate in case conferences concerning the child
- ❖ Ensure representation of the child's best interest:
 - Attend all court hearings to see that all relevant facts are presented
 - Attend appropriate interagency meetings regarding the child
 - Ensure that appropriate services are being provided to the child and family
 - Prod public systems into action
- ❖ Maintain up-to-date, complete records about the case, including appointments, interviews, and information gathered about the child and the child's life circumstances
- ❖ Monitor implementation of court orders and case plan tasks
- ❖ Encourage permanency planning and family reunification

- ❖ Consult regularly with program staff, including:
 - Turn in monthly contact reports by the 10th of each month
 - Keep program staff informed of all activities and important developments related to CASA
 - Attend monthly volunteer meetings
 - Provide any information requested by staff that may be needed for overall program evaluation
 - Return phone calls and other correspondence from staff
 - Receive direct supervision and guidance from program staff
- ❖ Follow standards and guidelines established by the National CASA Association and the Supreme Court of the State of Kansas
- ❖ Return entire file, including case notes and other documents, to the CASA office when case is completed
- ❖ Maintain strict confidentiality, even following case closure
- ❖ Attend twelve hours of annual in-service training

TIME COMMITMENT

- ❖ Commit to a minimum of one year of service
- ❖ Be available for case assignment and accept cases unless other arrangements have been made

I understand that I must complete the volunteer application and submit to the screening process, including but not limited to background checks, a personal interview, and references. I understand that refusal to submit to the screening process will result in rejection of my application. I also understand that program staff reserves the right to evaluate my CASA performance on an as needed basis.

CASA Signature

Date

Kansas CASA Volunteer Application

Applicant Information

Full Legal Name				Preferred Name			
Date of Birth			Cell Phone			Home Phone	
Work Phone				May you be called at work?			
Address							
County			Mailing Address, if different				
E-Mail Address							
Do you have access to a vehicle?					Driver's License #		
Vehicle Insurance Company					Insurance Policy #		
Are you a citizen of the United States?					Lawful Permanent Resident?		

Work/Volunteer History

Present Employer/Volunteer Supervisor			
Address			Phone
Job Title		Dates of Employment	

Previous Employer/Volunteer Supervisor			
Address			Phone
Job Title		Dates of Employment	

Previous Employer/Volunteer Supervisor			
Address			Phone
Job Title		Dates of Employment	

Education/Training

Highest level of education completed?			
Other educational/training programs completed?			

Do you have work experience and/or training in any of the following areas?

Art/Graphics		Health Care		Criminology	
Child Care		Law Enforcement		Drug/Alcohol Abuse	
Child Development		Mental Health		Education	
Counseling		News/Media		Writing	
Psychology		Public Speaking		Social Work	
Juvenile Court		Foreign Languages		Working with Children	

If yes to any of the above, please describe:

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Legal History

Note: It is important that you be thorough and honest in giving of these answers. Answers which are found to be untrue may disqualify you as a potential volunteer.

Have you ever been arrested and/or charged with a crime?	Yes or No
Have you ever been convicted of a crime?	Yes or No
Have you ever been placed on a diversion?	Yes or No
Have you ever had a conviction, adult or juvenile, expunged from your record?	Yes or No
Have you ever been involved in a juvenile case as an adult or a child?	Yes or No
Have you ever been the subject of a child abuse/neglect investigation?	Yes or No
Do you have any experience with child abuse/neglect?	Yes or No

If you answered YES to any questions, please explain:

Emergency Contact

Name		Relationship	
Address		Email Address	
Phone		Work Phone	

Personal References

Please print names, addresses, and phone numbers of people who have known you for at least two (2) years, who know you well, can address how you relate to children and others, and how well you could fulfill the responsibilities of a CASA. The CASA program staff will contact the references you list. DO NOT INCLUDE RELATIVES.

Name		Relationship	
Length of Acquaintance		Daytime Phone	
Address			
E-Mail Address			

Name		Relationship	
Length of Acquaintance		Daytime Phone	
Address			
E-Mail Address			

Name		Relationship	
Length of Acquaintance		Daytime Phone	
Address			
E-Mail Address			

Adults Living in Your Home

Name	
Relationship	
Name	
Relationship	
Name	
Relationship	
Name	
Relationship	

In order to protect children and provide the court with qualified volunteers, a fingerprint-based national criminal history record investigation will be conducted on every applicant, as well as screening through the Department for Children and Families (DCF) Child Abuse and Neglect Central Registry.

The Office of Judicial Administration will submit the applicant's fingerprints to Kansas Bureau of Investigation (KBI) for a Criminal History Record Inquiry. The KBI will provide a report on the applicant's criminal record investigation to the Office of Judicial Administration. Applicants found to have been convicted of, or charges pending for, a felony or misdemeanor involving sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility will not be approved for service. Applicants who do not provide fingerprints for criminal history background checks will not be approved to serve as a CASA.

The applicant's local CASA program will make inquiries to the Department for Children and Families (DCF) Child Abuse and Neglect Central Registry and registries of other states where the applicant has lived in the past five years. If it is found that DCF or a similar agency in another state lists the applicant as the perpetrator of an act of child abuse or neglect the CASA program will generally disallow certification.

All information will be held in strict confidence. Criteria used in the selection of a volunteer will be such as to ensure that the individual is able to meet the responsibilities of a CASA. NO INDIVIDUAL WILL BE REJECTED BECAUSE OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, GENDER, AGE, DISABILITY OR MARITAL STATUS.

I have read and agree to the above and certify that the information contained in the CASA Volunteer Application is correct and accurate to the best of my knowledge.

Applicant's Signature		Date	
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WAIVER AGREEMENT AND FBI PRIVACY ACT STATEMENT

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) Office of Judicial Administration to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law (Pub. L.) 103-209 and Pub. L. 105-251. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, K.S.A. 75-712i, and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b); 34 U.S.C. 40316, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d); and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for being an employee, volunteer or contractor, or eligibility for any license, certification, registration, or adoption. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, a volunteer contractor, licensed, certified, registered, or seeking adoption, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted

WAIVER AGREEMENT AND FBI PRIVACY ACT STATEMENT (Cont.)

information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information (CHRI)** to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

FBI CJIS Division
Attn: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.

Signature _____ Date _____

Printed Name _____ Date of Birth _____

Residential Address _____ City _____ State _____ Zip _____

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID Card	<input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport
State/Branch: _____ ID Number: _____		

Agency Name: SOS CASA of the Flint Hills

Address: 1420 C of E Dr Ste 6, Emporia, KS 66801

Telephone: 620-343-2744 Fax: 620-343-3070

Name of Individual Verifying Identity: _____

***AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.***



Criminal History Record Inquiry

Judicial District:	5th Judicial District	Program Name:	SOS CASA of the Flint Hills
Program Type:	CASA	Individual Type:	

	First	Middle	Last
Legal Name:			
Preferred Name:			
Other Names Used:			

Date of Birth:		Height:	
Place of Birth (U.S. State or County if not U.S.):		Weight:	
		Eye Color:	
Social Security Number		Hair Color:	
Sex:		Race:	
Preferred Pronoun(s):		Ethnicity:	

Please list work addresses (City, State) for the past 7 years with approximate month/year (MM/YEAR) to month/year date at each location:

Please list full physical living addresses for the past 7 years with approximate month/year (MM/YEAR) to month/year date at each location:

**Attach additional page to list addresses as needed*

To determine eligibility, a fingerprint based state and national Criminal History Record Inquiry (CHRI) will be conducted. The Office of Judicial Administration (OJA) will submit your fingerprint card and Waiver Agreement and FBI Privacy Act Statement to the Kansas Bureau of Investigation (KBI). OJA will receive reports on your criminal history. Upon completion of the CHRI you will be enrolled in the KBI's Rap Back program.

Individuals determined ineligible based on their criminal history will have the opportunity verify their identity with OJA and determination may be appealed with the chief judge of the judicial district where the program resides.

By signing below, I confirm that I understand the information obtained through the CHRI will be confidential and for the exclusive use of determining eligibility for the CASA or CRB program. I understand that my fingerprints will be retained by the KBI and FBI and that I will be enrolled in the KBI's Rap Back program.

Signature

Date

OJA USE ONLY

Reviewed by:		Date sent to KBI:	
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KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

OBI 1011
9/2018
Page 1 OF 1

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: Katy Peraza Agency/Org.: SOS CASA of the Flint Hills
Phone #: 620-343-2744 Address: 1420 C of E Dr Ste 6
Email: kperaza@soskansas.com Emporia, KS 66801

Return Results by: ☒ Encrypted email (list if different than above): _____ ☐ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. <u>Postal mail only.</u>	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: _____
<input checked="" type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: ☐ Yes ☐ No

This organization/person/agency may check my information each year I am employed or associated with them: ☐ Yes ☐ No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** ☐ Male ☐ Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:

MATCH

This applicant is listed in the Child Abuse/Neglect Central Registry.
Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.
(see attached document for more info.)

CLEARED

Authorization to Release Social Security Number (SSN) Verification

Printed Full Legal Name:	Date of Birth:	Social Security Number:

Address:

Maiden Name/Alias:

I am the individual to whom the Social Security number was issued. I declare and affirm that the information contained herein is true and correct. I authorize First Advantage to verify my name and SSN to SOS CASA of the Flint Hills and/or their agent for the purpose of volunteer or employment background screening, every 4 years as long as I remain a CASA.

Signature:	Date Signed:

SOS CASA Background Check

I _____, give permission for the release of information concerning myself in the Emporia Police Department and/or Lyon County Sheriff's Office database(s) to:

SOS CASA of the Flint Hills

1420 C of E Dr. Ste 6

Emporia, KS 66801

I understand that all information released will be for the exclusive and confidential use of the above named organization/agency. I give permission for the release of any local records concerning myself for each year that I am affiliated with SOS CASA of the Flint Hills.

Full Name:

Alias/Maiden Name:

Date of Birth:

Driver's License Number:

Social Security Number:

I am the individual to whom this information pertains. I declare and affirm that the information contained herein is true and correct. I authorize Lyon County Emergency Communications Center to release information pertaining to arrests, charges, and convictions from the past **seven (7) years** to SOS CASA of the Flint Hills and/or their agent for the purpose of volunteer or employment background screening.

Signature:

Date:

Date Received:		Received By:	
	NCIC W/W	LOCAL W/W	LOCAL CHRI
CHECKED BY:			
DATE:			
Date Returned:		Returned By:	

I, _____, give permission for the release of information concerning
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* _____ Katy Beemer _____ Phone _____ 620-343-2744
Agency name _____ SOS Inc. _____
Agency mailing address _____ 1420 C of E Dr Ste 6, Emporia, KS 66801 _____
Email address: Will return via Encrypted email unless marked otherwise _____ kbeemer@soskansas.com _____

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address: _____

Street City State Zip Code

DOB: _____ SS#: _____ ☐ Male ☐ Female
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: _____ Date: _____
(An Ink Signature or a Verified E-Signature is Required for Processing) (mm/dd/yyyy)

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry

P.O. Box 751043

Topeka, Kansas 66675

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED