

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 5th 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 and adhere to policies, standards, and guidelines established by the National CASA Association, Kansas CASA Programs, and the Supreme Court of the State of Kansas.
- ❖ Return the entire file, including case notes and other documents, to the CASA office when the 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 the 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



Volunteer Role you are applying for:

Date:

Applicant Information:

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

Other Adults (18+) Living in the Home:

Use a separate sheet if necessary.

First & Last Name				Relationship		
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First & Last Name				Relationship		
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First & Last Name				Relationship		
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Employment & Educational/Training History:

Please list employers for the past seven years. Use a separate sheet if necessary.

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		

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 you answered YES to any questions, please describe:

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Legal History:

Note: It is important that you be thorough and honest in giving these answers. Answers which are found to be untrue may disqualify you as a potential volunteer. Select yes or no.

Have you ever been arrested and/or charged with a crime?	
Have you ever been convicted of a crime?	
Have you ever been placed on a diversion?	
Do you have any charges or crimes pending resolution?	
Are you under investigation for any crimes?	
Have you ever had a conviction, adult or juvenile, expunged from your record?	
Have you ever been involved in a juvenile case as an adult or a child?	
Have you ever been the subject of a child abuse/neglect investigation?	
Do you have any experience with child abuse/neglect?	

If you answered YES to any questions, please explain:

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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 volunteer or board of director volunteer. 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			

How did you hear about the CASA program?

If you answered other, please explain:

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CASA Volunteer Training:

Please tell us the earliest you could begin training (Month and Day)?

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Please tell us the best time of day for you to participate in training (2+ hours at a time)?

Screening Disclosures:

In order to protect children and provide the court with qualified volunteers, the following screenings will be conducted on every applicant: a fingerprint based national criminal history investigation, a screening through the Department of Children and Families (DCF) Child Abuse and Neglect Registry, a national sex offender registry check, a local criminal history inquiry, and a social security verification. Other screenings may be required. Screening will be completed upon initial application and every four years. The applicant must complete all required authorization forms to be eligible to serve as a CASA volunteer or board of director member. Refusal to complete authorization forms will prohibit an applicant from certification. The applicant's criminal history will be reviewed in each country, state, and county the applicant has lived or worked in the last seven years.

A national sex offender registry check may be conducted on other adults living in the home.

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, any felony as an adult, any misdemeanor which is a sex offense, a crime against public morals, a crime affecting family relationships and children, assault, battery, crime against the public peace, crimes against persons, crime against public safety, crimes involving controlled substances, or an attempt to commit any such misdemeanor, adjudicated as a juvenile offender because having committed an act which, if done by an adult, would constitute a misdemeanor, entered into a diversion agreement involving a charge of child abuse or a sexual offence, or was convicted or adjudicated of any act 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 volunteer or board of director member. Any applicant with pending charges is not eligible unless and until the charges have been dismissed or the individual is found not guilty.

All information is held in strict confidence. Screening is a continuous process and an applicant may be denied certification at any time before or after certification. Criteria used in the selection of a CASA volunteer will be such as to ensure that the individual is able to meet the responsibilities of a CASA volunteer. Criteria used in the selection of a board of director volunteer will be such as to ensure that the individual is able to meet the responsibilities of a board of director volunteer.

No individual will be rejected based on race, ethnicity, national origin (ancestry), color, religion (creed), gender, gender identity, gender expression, sexual orientation, disability or physical challenge. CASA and its programs are committed to complying with the Americans with Disabilities Act, when applicable.

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. I understand that the program executive director may deny certification of an applicant.

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 2022Kansas 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

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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:

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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:

Driver's License

State Issued ID Card

Military ID Card

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:	
Social Security Number		Eye Color:	
Sex:		Hair Color:	
Preferred Pronoun(s):		Race:	
		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

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. Postal mail only.	
<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	
<i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i> <i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i> (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:
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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:
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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)* _____ **Phone** _____
Agency name _____
Agency mailing address _____
Email address: Will return via Encrypted email unless marked otherwise _____

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
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