

Instructions for the completion/submission of Indiana Request for a Child Protection Services (CPS) History Check State Form 52802 (R7 / 6-18) / CW 2128 via the CPS/CPI Portal

PLEASE NOTE: *These instructions are for the completion and submission of the hard copy CPS search form to a Local DCS county office. All request for out of state child welfare agency inquires and CPI/CPS searches that are directed to the Indiana DCS Central Office Background Check Unit (COBCU) must be complete through the electronic portal.*

After Sections A and B are completion on this form, with a valid signature and date by the applicant, it is to be submitted to any Indiana DCS local county office. A **statewide electronic record** search will be completed by the local DCS office for any child abuse/neglect (CPS) history for the applicant. The completed form will be returned to the requesting agency listed in Section A of this form.

NOTE: *The DCS local office is not to search any paper card files, paper files or other records that are not located in MaGik when reporting findings when completing the search form.*

All inquiries regarding returned history of abuse/neglect must be made directly to the Local DCS office which completed the investigation/assessment. Requests are to be made in writing by the applicant or the requesting agency (with appropriate releases) to obtain a copy of the investigation. To locate Local DCS Offices contact information, please use the following website <http://www.in.gov/dcs/> and click on Contact Us / Local DCS Offices. If the assessment/investigation was completed by “Central Office”, please email your requests to institutions@dcs.in.gov.

Section A-

This section is to be completed by the **Requesting Organization, including the local DCS office,** about the applicant. **Do not have the applicant complete section A.**

- **Question 1-**Provide the applicant’s full legal name. Include first, middle and last names as they appear on an official document. **If no middle name or initial given at birth indicate “no middle” or “None”.** If left blank the form will be considered incomplete and it will be returned unprocessed.
- **Question 2-** Mark the appropriate box or boxes for the reason(s) the applicant is having this CPS check completed at this time.
 - Foster Care-**Is the applicant living in a home that is applying to be a licensed foster family home or is the home being relicensed as a foster family home?
 - Adoption-**Is the applicant living in a home that is having a homestudy completed for the purpose of adoption or finalizing an adoption?
 - Employment-**Is the applicant applying to work or working for an organization and the completion of a CPS search is required?
 - Volunteer-**Is the applicant volunteering for an organization and the completion of a CPS search is required?

Unlicensed Relative Placement-Is the applicant living in a household that is being considered as an unlicensed out of home placement option for a child under DCS (or other state welfare agency) supervision?

Other-If none of the above applies, mark “Other” **and** complete the blank to explain the purpose of the check.

- **Question 3-Mark one box and fill in corresponding blank.** The option marked should relate back to the applicant’s job/volunteer duties and not to all of the possible multiple services provided by the requesting agency.
 - If **question 2 is for foster home licensing or adoption and this is done for Indiana** the box marked will be “Agency licensed by Indiana Department of Child Services” or “other” if licensed by a local DCS office within the state.
 - If **question 2 is employment or volunteer and the applicant works at an agency licensed or contracted/subcontracted by DCS** then mark box “Agency Licensed by Indiana Department of Child Service” **OR** “Agency contracted/subcontracted by Indiana Department of Child Services” **but not both.** Even if the agency is licensed and is contracted indicate the one in which the applicant is employed/volunteering.
 - If applicant is not licensing, having placement or employed/volunteering with an agency licensed through DCS or contracting with DCS or subcontracting through a DCS contractor, then use “Other” and complete the corresponding blank. **All Indiana local DCS offices should complete “Other”.**
- **Question 4-** Enter the contact person’s name from the requesting organization. This is the person that will receive unprocessed returns, questions related to the forms completion and/or the completed results.
- **Question 5-** Enter the phone number (include area code) of the person in question 4.
- **Question 6-**Enter the fax number (including area code) to return the completed results. The fax number provided should be available 24/7 as requests may be returned at any time and not necessarily during the requestor’s normal business hours.
- **Question 7-**Enter the complete mailing address of the requesting organization.
- **Question 8-**Enter the e-mail address of the person listed in question 4.

Section B-

This is to be completed by the applicant or the representative (parent/guardian if the applicant is a minor). The requesting organization is not to complete this section.

- **Question 9-** Legal signature of applicant or the applicant’s legal representative, if minor.
- **Question 10-**Indicate the relationship of the person signing in #9 to the applicant listed in #1. Unless the applicant is a minor or there is a POA signing this generally will be answered “SELF”.
- **Question 11-**Enter the date #9 was signed. **Note:** Release is valid for 60 days only.
- **Question 12-** Mark the appropriate box for the applicant’s gender.
- **Question 13-** Type or print **EXACTLY** as signed in #9.
- **Question 14-**Enter the applicant’s date of birth
- **Question 15-** Enter the applicant’s race

- **Question 16-** Enter the applicant’s current residential address, include city, state and zip.
- **Question 17-** Enter the last four numbers of the applicant’s Social Security number. If the applicant has applied for this number but has not yet received, enter “pending” in the blank. If the applicant does not have a social security number for any other reason, provide an explanation of why in this space. In addition, if the applicant has ever had a different social security number at any time or under any other name, also provide that number here.
- **Question 18-**Provide the **name of each Indiana county(ies)** that the applicant lived in beginning with the current or most recent county in 18a. If an Indiana address is in #16, the “year ended” should indicate “current” or “present”. Continue to list in descending order to the oldest in 18b through 18e. For each county **provide a beginning and ending year** of residency within that individual county. If an applicant has resided in the same Indiana county the entire period, provide the county name and the begin year and indicate the end as “current” or “present”. Attach additional sheet of paper if more space is needed.

NOTE:

- If the applicant has never lived in Indiana, enter “never lived in Indiana” in the blank on 18a.
- When the applicant has a permanent residential address and a school address within two separate Indiana Counties during the same years, please indicate one as “home” and the second as “school”. This type of explanation is also necessary when any other type of permanent and/or temporary addresses exists(ed) during the same time period.
- **Question 19-**Has the applicant ever, at any time during his/her lifetime, used a different first, middle and/or last name than indicated in Question 1 at the top of the form. This will include names prior to an adoption, maiden names, previous married names, nick names, shortened first names or use of middle name as commonly used first name, or change in middle name due to using maiden name as middle name after marriage or a combination of any of the above. **If the answer is NO, please stop.** If the answer is YES, complete 19a – 19e. Attach additional page if necessary.

The requesting organization shall retain the original for their file and submit a copy to the appropriate DCS location(s) for completion.

Section C-

This section is to be completed by Indiana Department of Child Services personnel only.

- **Question 20-**If question 2 indicates employment, volunteer, or if the applicant is a minor, mark the N/A box and move to question 21. Otherwise, complete this question.

In MaGik complete a search by applicant’s name statewide of all out of home resource placements. Indicate whether the applicant has ever applied for licensure or been licensed as a foster parent within Indiana. Record results in question 20. If no, proceed to question 21

If yes, proceed and answer the remainder of question 20 by doing a statewide electronic search to determine if the foster care license has ever had a negative action (**answer yes only to license has been denied or revoked**). If yes, notate whether it was denied, or revoked, the date of the action, and the dates of licensure in the blank provided.

- **Question 21-** Complete a MaGik *statewide electronic* search of this applicant, checking every alias and combinations of aliases given on the CPS request form. ***Do not complete a paper card file, paper file or other record search that is not located within MaGik.*** Complete an investigation of all parties with name matches, even those without DOB and SS#.

NOTE: For additional information on searching common names or MaGik perpetrators with no DOB or SS# see below information on how to investigate further.

Question 21 is answered yes only, if the applicant has substantiation of abuse or neglect and a 311 is available that documents the substantiation.

- Do not answer yes to #21 when it is an older substantiation previous to ICWIS and/or MaGik and a 311 cannot be located.
- The red CPI indicator flag in MaGik indicates the applicant is either a victim or perpetrator. Only perpetrators with substantiated abuse or neglect should be reported. Unsubstantiated assessments or victims should not be reported.
- Do not send the form back with a “maybe” or “please contact the county that completed the assessment” or similar for additional information.
- Do not report CPI exclusions.
- If there is an ongoing assessment in which the applicant is indicated as a perpetrator and the assessment has not been approved at the time of the search, hold the request for 10 business days and continue to check if the assessment has been approved. If 10 business days as expired since the receipt of the request and the assessment has been approved you should take the following actions only. Do not answer questions #20 or #21. In the blank under #21 write “At this time we are unable to process this request due to pending/ongoing status involving the applicant. Please resubmit form again in 30 days”. Then complete #22 through #26 and return to the request.

If a yes is marked in #21 the following items are the ONLY items to be written in the blank below #21.

- After marking the box “yes” in #21 write the below information in the space provided for each assessment with substantiation discovered.
 - The type of abuse or neglect (sexual abuse, physical abuse or neglect);
 - The month & year the assessment was approved from the 311;
 - The local DCS office* that completed the assessment findings, and
 - The local DCS office’s phone number* instructing the requestor to contact this office in writing to request a copy of the 311.
- *For each local office contact information see website <http://www.in.gov/dcs/> and click on Contact Us / Local DCS Offices. If the involvement is the Central Office, provide email to: institutions@dcs.in.gov for further information.

Additional information when investigating possible matches when applicant has common name or there is no DOB or SS# in MaGik.

When searching and possible matches are found that might be who you are looking for, you will need to investigate further. You can eliminate matches by DOB and SS# if these are available in MaGik. If the MaGik search returns name matches that does not include a DOB and/or SS#, this still may be a match but you will need to investigate further.

When there is no DOB or SS# and the name does match, use the information on the Indiana Request for a Child Protection Service History Check State Form 52802 to determine if the person is a match or no match. One of the most helpful comparisons you can make is reviewing the counties of residency in question #18 of the form. You can use this to determine if this is the same person if the 311 has an address, county or town the perpetrator lived at the time of the substantiation.

If this is still not enough information to determine if your applicant is a match to the applicant in MaGik, the DCS office should contact the requestor and ask open ended questions in relationship to the information in the 311 to determine if this is the same person as the prep. For example, you can ask if they were married and the spouse's name or their children's names and DOB. If substantiation was at a work place, ask about their work history such as the employer's name and the dates they worked at each place.

If the DCS staff person completing the check still cannot determine if the perpetrator in MaGik is the applicant of the search and all avenues of investigation have not cleared the issue then the answer to #21 should be NO.

- **Question 22**-The Indiana DCS staff person completing Section C will sign their name
- **Question 23**-The person completing the search will enter their job title.
- **Question 24**-The person completing the search will enter the date completed.
- **Question 25**-The person who signed in question 22 will print their name exactly as signed.
- **Question 26**-Designate the assigned local DCS county office as well as the branch office location within that county, when appropriate, of the person who signed the form in #22.