



INDIANA SCHOOL PERSONNEL REQUEST FOR AN EXPANDED CHILD PROTECTION INDEX CHECK

State Form 56025 (R / 6-16)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

All spaces in Section A and Section B must be completed. All information must be typed or printed in all capital letters.

- Section A is to be completed by the requesting organization.
- Section B is to be completed by the applicant being searched.
- Submit to Department of Child Services (DCS), Central Office Background Check Unit (COBCU) by fax at (317) 232-1758 or by e-mail with a scanned PDF format to DOE.CPIChecks@dcs.in.gov.
- For additional guidance for completing request see webpage, <http://www.in.gov/dcs/2363.htm>, click on Indiana School Personnel Expanded Child Protection Index Checks. Reference document entitled Instructions for the Completing Indiana School Personnel Request for an Expanded Child Protection Index Check, SF 56025 (4-16).

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION

1. Legal first name of applicant	Legal middle name of applicant (If none, indicate "no middle")	Last name of applicant
2. Reason for history check (Check all that apply.) <input type="checkbox"/> Employment – New Hire <input type="checkbox"/> Employment – Existing <input type="checkbox"/> Volunteer		
3. Name of the school corporation, charter school, or non-public school at which applicant will be employed or volunteer Catholic Diocese of Gary		
4. Name of requesting organization (Complete even if the same as question 3.) Catholic Diocese of Gary		5. Name of contact person at requesting organization Kathy Lafakis
6. Mailing address of requesting organization (number and street, city, state, and ZIP code) 9292 Broadway Merrillville IN 46410		
7. Telephone number (include area code.) (219) 769-9292 x292	8. Fax number (include area code.) (219) 650-4265	9. E-mail address of requestor klafakis@dgary.org

SECTION B - TO BE COMPLETED BY APPLICANT

I hereby consent to a release of information to the above named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.

10. Signature of applicant		11. Date signed (mm/dd/yy)	12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed of printed name of applicant (Exactly as in question 10)		14. Date of birth of applicant (mm/dd/yy)	15. Race of applicant
16. Current residential address of applicant (number and street, city, state, and ZIP code)		17. Social Security number of applicant (Last four digits) (List all number ever used.) XXX-XX-	
18. Please list all counties / states of residency. Begin with the most current residency in, question 18a., working backwards until January 1, 1998. Provide the month and year that residency in that county / state began as well as the month and year the residency in that county / state ended. For your current residency, the end date should reflect "current". For special or unusual situations, please explain. If temporary residency and permanent residency counties / states are different for the same time period, please provide both and explain. Example would include a temporary county / state residency at the university and permanent residency county / state might be your parent's home.			
County / State	Begin Date (month / year)	End Date (month / year)	Explanation, if necessary
Example: XYZ County / IN	02/2002	Current	Home address
Example: ABC County / IN	08/2010	05/2014	School address
18a.			
18b.			
18c.			
18d.			
18e.			
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, complete 19a. through 19e. If no, please stop.
19a. Maiden name (if ever married) (first, middle, and last name)		19b. Other last name(s)	
19c. Nickname or shortened first name		19d. Pre-adoptive name or other alias name / how used	
19e. Other alias name(s) / how used			

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20 through 24.)

20. Does the above named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, for each substantiation list the type of case (i.e., neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.		

21. Signature of staff member completing check	22. Title of staff member completing check	23. Date (mm/dd/yy)
24. Printed name of staff member completing check		Indiana Department of Child Services, Central Office Background Check Unit