



AUTHORIZATION FOR Child Welfare CHILD ABUSE AND NEGLECT BACKGROUND CHECK

Tribal Child Care Assistance Program
 PO Box 900
 Belcourt, ND 58316

I. IDENTIFYING INFORMATION

Name:		Date of Birth:	
Address:	City:	State:	Zip:
Name of Facility:	Work Telephone Number:	Home Telephone Number:	

II. ASSURANCE

I CERTIFY THAT I HAVE NOT BEEN FOUND GUILTY OF A CRIME AGAINST CHILDREN OR BEEN CONVICTED OF A FELONY. IN THE EVENT THAT I AM FOUND GUILTY OF A CRIME AGAINST CHILDREN, BEEN CONVICTED OF A FELONY OR A CHILD ABUSE AND NEGLECT DECISION OF "SERVICE REQUIRED" HAS BEEN MADE, I WILL IMMEDIATELY NOTIFY MY TRIBAL CHILD CARE PROGRAM.

III. AUTHORIZATION FOR RELEASE OF INFORMATION

- A. I give the Tribal Child Care Program and Turtle Mountain Child Welfare Agency permission to check for my name in child abuse and neglect files.
- B. I further consent that any information found in the child abuse and neglect records can be shared with the Tribal Child Care Program.

IV. AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Turtle Mountain Child Welfare agency that maintains records concerning child abuse or neglect in the states below to release to Tribal Child Care Program all information contained in those records to the undersigned.

LIST STATES WHERE YOU HAVE LIVED IN THE PAST TEN YEARS

Social Security Number

V. FORMER ADDRESSES/NAME

Please List Any Former Address(es) and County of Residence Where You Lived in the Past Ten Years.

Please List Any Other Names You Have Gone By in the Past Ten Years.

VI. CERTIFICATION SIGNATURE

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE	SIGNATURE:	DATE:
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Please bring form to Child Welfare and results can be emailed to Tammy Jeanotte at jeanottet@yahoo.com



Tribal Court Authorization for Child Abuse, Neglect, and Criminal Offense Background Check

TM Tribal Child Care Assistance Program
PO Box 900
Belcourt, ND 58316
Ph: 701-477-5532 or 477-6295
Fax: 701-477-8259

Bring this form with \$10.00 Money Order to the TM Tribal Court Building

I. Authorization for Release of Confidential Information

- A. The Turtle Mountain Child Care Assistance Program request permission from **the TM Tribal Court to Release Selected Material Containing Confidential Information with any Reports of Child Abuse, Neglect, and Criminal Offenses**. This information is means of evaluating the person as a prospective provider, whom will be working with children of various ages. The main concern is to safe guard the physical and emotional stability of the children being placed in their care.
- B. TM Child Care Block Grant Personnel must abide by the limitations received and strictly confidential informational received.

II. Assurance

Our/My signature indicates that we are aware of the information disclosed and have had the opportunity to make corrections accurately and completely. We/I am aware also of the consequences that might occur as a result of signing. The signed release can be revoked in writing at any time.

Provider Signature:	Provider Printed Name:
Provide Date of Birth:	Provider Social Security Number:

Date:

TM Child Care Staff signature: *Mandy Nadeau*

Email results to Tammy Jeanotte at jeanottet@yahoo.com



Rolette County Sheriff's Office

Sheriff Nathan A. Gustafson

P.o. Box 447 Rolla, ND 58367
Phone No. 701-477-5623 Fax No. 701-477-3484



I authorize the Rolette County Sheriff's Department to complete a background check.

Name: _____

SS# _____

Birth date: _____

I further consent that any information found in the background check can be shared with the following entity:

ATTN:

Tammy Jeanotte

jeanottet@yahoo.com

Fax #:

Signature of Applicant