















**HOUSEHOLD MEMBERS**

Please list the names and relationship of each person age 18 and older who lives with you. Each of these individuals is required to fill out and sign a background check permission form and a Child Protective Services Abuse and Neglect Release Form.

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	

Check here if there are no individuals in your household age 18 or older.

**HOUSEHOLD MEMBERS AGE 18 AND OLDER**

All individuals age 18 and older who live in the same household as the applicant are required to have background checks. Please have each household member complete a permission form below.

**HOUSEHOLD MEMBER PERMISSION FORM**

I understand that NAMI Maine requires criminal, child protective services, motor vehicle, and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed \_\_\_\_\_ Date \_\_\_\_\_



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Signed \_\_\_\_\_ Date \_\_\_\_\_

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Driver’s License Number/State\_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

## **BACKGROUND CHECKS PERMISSION FORMS (Part 2)**

### **Maine DHHS Child Abuse and Neglect Record Search Request Instructions**

1. A Child Protective Services check is required as part of the application process for becoming an approved Family Respite Provider for the NAMI Maine Family Respite Program.
2. The ***applicant and each individual in the household who is age 18 or older needs to sign a separate release form.***
3. If there is any substantiated history by Maine DHHS as an abuser of a child, the applicant will be automatically disqualified from being approved as a NAMI Maine Family Respite Provider.
4. If anyone in the household has a substantiated history of child abuse or neglect with the Maine DHHS, the applicant will automatically be disqualified from providing respite services in his or her home. This will not necessarily disqualify the applicant from being approved as a NAMI Maine Family Respite Provider.
5. Do not mail this form to DHHS. Please return completed forms to:

**Mail:**

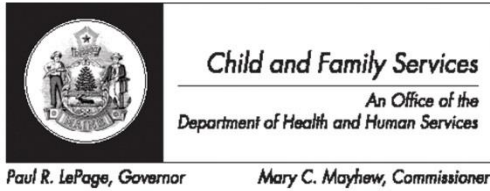
NAMI Maine  
ATTN: Respite  
1 Bangor Street  
Augusta, ME 04330

**Email:** [respite@namimaine.org](mailto:respite@namimaine.org)

**Fax:** 207-621-8430

6. Do not send in any money. NAMI Maine pays all fees associated with this background check.

If you have any questions about completing the Child Protective Services Release Form, please contact the Family Respite Program at 1-800-464-5767.



Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Fax: (207) 287-5282  
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **635**

**Jenna Mehnert, MSW / NAMI Maine Executive Director  
NAMI Maine  
1 Bangor Street  
Augusta, ME 04330**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT**



**Child and Family Services**  
*An Office of the*  
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
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**Agency/Provider to receive this information:**

**Agency ID#: 635**

**Jenna Mehnert, MSW / NAMI Maine Executive Director  
 NAMI Maine  
 1 Bangor Street  
 Augusta, ME 04330**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
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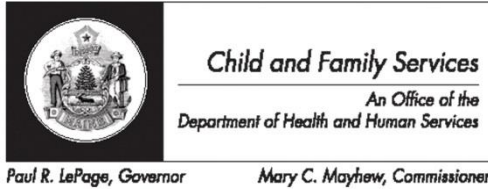
**DATE OF BIRTH:** \_\_\_\_\_ **ALIASES (including maiden):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MAINE ADDRESS:** \_\_\_\_\_

<p><b><u>RESULT BELOW (To be completed by DHHS):</u></b></p> <p>As of _____, this person was <b>NOT INVOLVED</b> in a substantiated Maine Child Protective Services case.</p> <p>_____</p> <p><b>DHHS, OCFS, Child Protective Intake Staff</b></p>
--

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DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was **NOT INVOLVED** in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Intake Staff

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### Family Respite Program Provider Application Reference Form

Fill out this portion of the reference form *before* giving it to the person providing the reference.

Print Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

The above individual is applying to become a Respite Provider for the NAMI Maine Family Respite Program. Respite providers provide parents/caregivers of children with disabilities a much needed break by caring for their children. Please take a few minutes to answer the following eight (8) questions.

1. How long have you known this person?
  
  
  
  
  
  
  
  
  
  
2. In what capacity have you known this person? (e.g. supervisor, coworker, or employer)?
  
  
  
  
  
  
  
  
  
  
3. How would you describe this person's ability to care for the daily needs of children?
  
  
  
  
  
  
  
  
  
  
4. How does this person react to changing plans and schedules, and adapting to the needs of others?

5. How would you describe his or her problem-solving abilities?

6. What personal characteristics does this person possess that contributes to his or her success with children?

7. If you were the parent of a child with developmental or emotional/behavioral disabilities, why would you want this person as a caregiver?

8. Would you recommend that this person provide care for children with developmental or emotional/behavioral disabilities in his or her home? Why or why not?

Your name \_\_\_\_\_ Phone \_\_\_\_\_

Your Title or Position \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_



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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Your name \_\_\_\_\_ Phone \_\_\_\_\_

Your Title or Position \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_