

Kansas Department for Aging and Disability Services

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REQUEST FOR KBI/SRS CHILD ABUSE REGISTRY CHECK FOR CHILD CARE AND RESIDENTIAL CARE FACILITIES

Directions: COMPLETE BOTH SIDES OF THIS FORM. All blank spaces must be completed; however, social security number is optional. Incomplete forms will be returned. If a person does not have a Maiden or other name, write N/A. DO NOT include children or youth for whom you provide services. **K.A.R. 28-4-125(c) requires the facility to keep a copy of the completed form on file.**

Type of Facility: Child Care Facility Child Care Resource & Referral Agency 24-Hour Residential Care Child Placing Agency Including Family Foster Care

Name of Facility exactly AS STATED ON THE LICENSE	License #	Date (MM/DD/YYYY)
Street Address of Facility	City	Zip Code
First and Last Name of the Individual Completing This Form	Phone Number	E-mail address

I. This request for background check is being completed to meet the requirements (CHECK ONLY ONE OPTION BELOW):

- Initial Application** **Renewal** **The information provided on this form is to include:** yourself; all other persons 10 years of age and older living in the facility; all persons working and/or volunteering in the facility, all substitutes and other caregivers and staff including relief and support staff.
- New person(s) living, working or volunteering in the facility. The information provided on this form is to include** only the identifying information for new individual(s).

II. Check Yes or No for each question below with regard to the persons listed on this form. If yes, complete all the information in this section for the person.

Yes	No		Name of Person	Date	Court of Action County and State
		Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children?			
		Had a felony conviction under the uniform controlled substances act?			
		Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?			
		Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by SRS?			
		Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?			
		Had parental rights terminated?			
		Signed a diversion agreement involving child abuse or a sexual offense?			
		Been found to be a disabled person in need of a guardian or conservator or both?			

