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Director

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## **Notice and Authorization for Background Record Checks**

I acknowledge receipt of this notice and I understand that the Douglas County Department of Health and Human Services will contact the Wisconsin Department of Justice, the Federal Bureau of Investigation (FBI), the Douglas County Department of Health and Human Services, statewide child abuse and neglect registries, Wisconsin Department of Corrections/sex offender registries, and local law enforcement (as well as these entities in other counties and states that I have previously resided in) in order to conduct a proper and complete check of records for Child Foster Care Licensure under the WI caregiver background check law, sections 48.685 and 50.065, Stats., DHS 12 of the WI Administrative Code, and the federal Adam Walsh Child Protection and Safety Act of 2006.

The Adam Walsh Child Protection and Safety Act requires a complete FBI criminal history check prior to Foster Care licensure for adult applicants.

I understand that for foster care licensure, any household member 10 years of age or older must have these record checks on file to fulfill these requirements, with the exception of FBI fingerprint checks which are required only for those cited on a Wisconsin Foster Home license.

(Print full name)	Date of Birth
Signature	Date