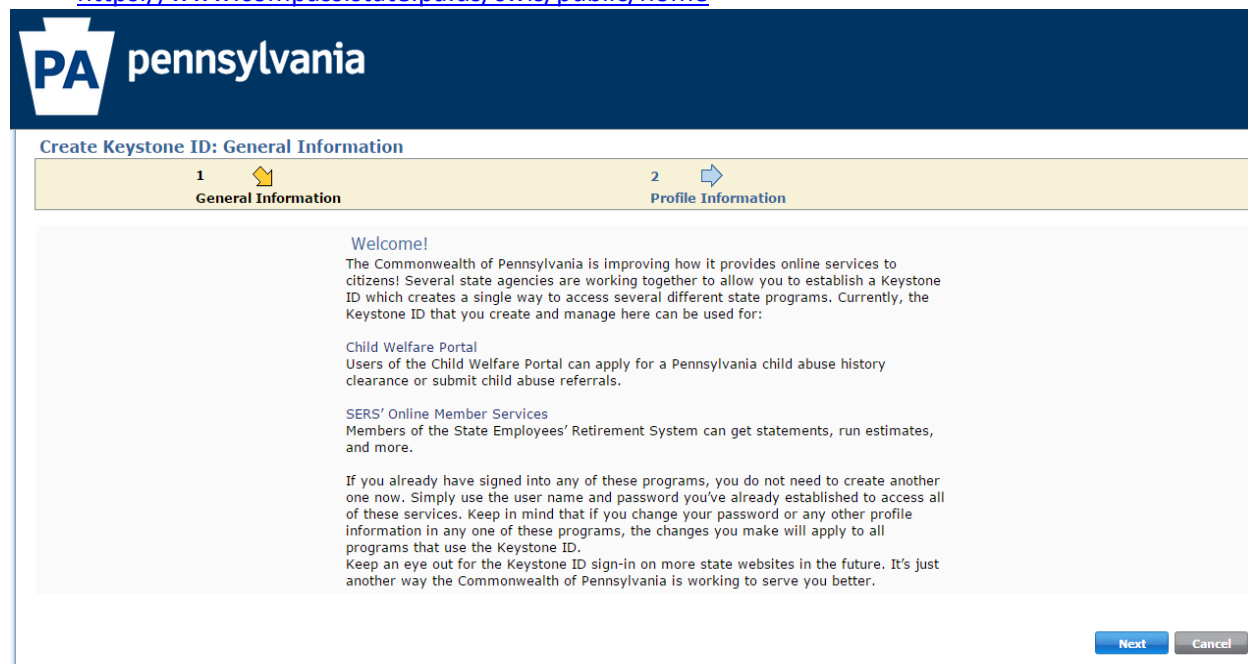


## Child Abuse Clearance On-line Application instructions: Follow instructions per screenshots.

### 1. Log in to the PA child welfare information website:

<https://www.compass.state.pa.us/cwis/public/home>



The screenshot shows the 'Create Keystone ID: General Information' page. At the top, there is a dark blue header with the 'PA pennsylvania' logo. Below the header, a yellow navigation bar contains two steps: '1 General Information' (with a crown icon) and '2 Profile Information' (with a right-pointing arrow icon). The main content area is white and contains the following text:

**Welcome!**  
The Commonwealth of Pennsylvania is improving how it provides online services to citizens! Several state agencies are working together to allow you to establish a Keystone ID which creates a single way to access several different state programs. Currently, the Keystone ID that you create and manage here can be used for:

**Child Welfare Portal**  
Users of the Child Welfare Portal can apply for a Pennsylvania child abuse history clearance or submit child abuse referrals.

**SERS' Online Member Services**  
Members of the State Employees' Retirement System can get statements, run estimates, and more.

If you already have signed into any of these programs, you do not need to create another one now. Simply use the user name and password you've already established to access all of these services. Keep in mind that if you change your password or any other profile information in any one of these programs, the changes you make will apply to all programs that use the Keystone ID.  
Keep an eye out for the Keystone ID sign-in on more state websites in the future. It's just another way the Commonwealth of Pennsylvania is working to serve you better.

At the bottom right of the page, there are two buttons: 'Next' (blue) and 'Cancel' (grey).

### 2. Click on "Create a New Account "

If the child you would like to report on is in immediate danger, please call 911 immediately.

WELCOME TO THE

## Child Welfare Portal

Our service provides a means for mandated reporters to report child abuse in Pennsylvania and for users to apply for a PA Child Abuse History Clearance online.

[CREATE A NEW ACCOUNT](#) or [LOGIN](#)



### 3. Follow instructions to create a Keystone ID

#### Create Keystone ID: Profile Information

1  **General Information**

2  **Profile Information**

• = Required

#### To create a new Keystone ID, please provide the following information:

- Keystone ID  (must be 6 to 10 characters)
- First Name
- Last Name
- Date Of Birth  (MM/DD/YYYY)
- E-mail
- Confirm E-mail

To ensure online security, please select and provide answers for security questions. These questions will be used if you forget your password.

#### Security Question Tips

Choose questions for which you will easily recall the answers; do not write down the questions and answers, as this undermines their usefulness as a security tool. Answers must be typed exactly the same way, every time. So, if you capitalize "Philadelphia" or if you write "Philadelphia PA" here, you must do so every time you use the question. Avoid using special characters (\$#@) and punctuation (" , - .) in your answers. You cannot use the same question more than once. Answer cannot be any phrase directly from the question.

- Security Question 1
- Answer
- Security Question 2
- Answer
- Security Question 3
- Answer

#### For security reasons, please answer the following question.

Question Write in words the number characters in 'United States of America'?

- Answer

[Back](#) [Finish](#) [Cancel](#)

### 4. Check your e-mail for your temporary password for your Keystone ID

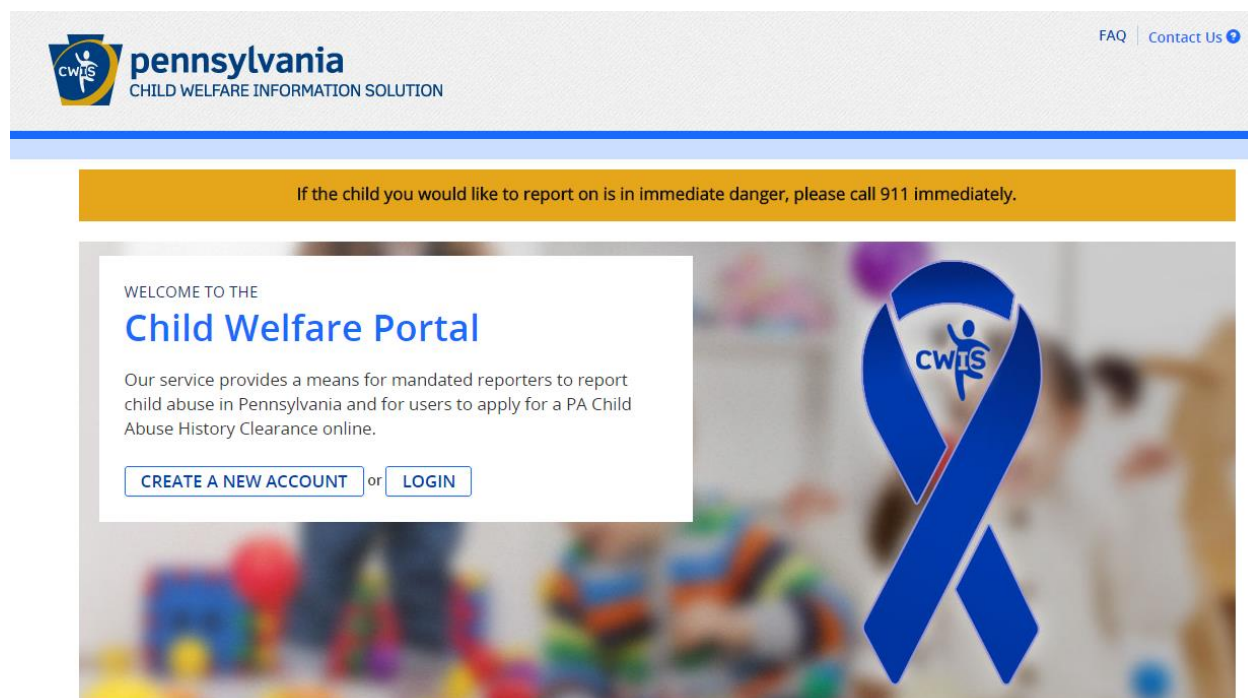
### Check your e-mail for your temporary password!

You have successfully created a Keystone ID and a temporary password has been e-mailed to you. For the safety of your personal and financial information, you cannot begin working until you retrieve this temporary password and sign back in to the system. You need to use this temporary password the first time you sign in. When you sign in for the first time, you will be required to create a personal password for future use.

Please click the Close Window button and login to your application.

Close Window

5. Log back in to the Child Welfare portal and click on **Login** (use the username and password that you just created)



The screenshot shows the Pennsylvania Child Welfare Information Solution (CWIS) portal homepage. At the top left is the logo for Pennsylvania Child Welfare Information Solution. At the top right are links for 'FAQ' and 'Contact Us'. A yellow banner below the header reads: 'If the child you would like to report on is in immediate danger, please call 911 immediately.' The main content area features a white box with the text: 'WELCOME TO THE Child Welfare Portal. Our service provides a means for mandated reporters to report child abuse in Pennsylvania and for users to apply for a PA Child Abuse History Clearance online.' Below this text are two buttons: 'CREATE A NEW ACCOUNT' and 'LOGIN', separated by the word 'or'. To the right of the text is a large blue ribbon graphic with the CWIS logo inside it. The background of the page is a blurred image of children playing with colorful blocks.

Click on **access my clearances**

## What Would You Like To Do Today?

---

Please select which account you would like to access.

[ACCESS MY CLEARANCES](#)

[ACCESS MY REFERRALS](#)



### 6. Click on **Continue (at the bottom)**

## Learn More

---

### ABOUT THIS WEBSITE

This secure website is provided for individuals who want to have their **Pennsylvania Child Abuse History Clearance** processed online. The Pennsylvania Child Abuse History Clearance Check will provide the applicant information as to whether or not they are listed in the Pennsylvania statewide database as a perpetrator of child abuse.

### DISCLOSURE OF PERSONAL INFORMATION

#### Public Disclosure

As a general rule, the Commonwealth does not disclose any personally identifiable information (PII) collected online except where you have given us permission, or where the information is public information under the Pennsylvania Right to Know Act 65 P.S. 66.1 et seq., or other applicable laws. Visitors should be aware that information collected by the Commonwealth on its websites may be subject to examination and inspection, if such information is a public record and not otherwise protected from disclosure.

#### Social Security Number Disclosure

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse. However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

## WARNING

You are entering a secure government website for the purpose of requesting a Pennsylvania Child Abuse History Clearance. By entering this site, you certify that you have read and understand the above guidelines and legislation.

## Note

If your web browser prompts you to accept a security certificate, you must accept it to proceed.

## WARNING!

*US GOVERNMENT SYSTEM and DEPARTMENT OF PUBLIC WELFARE SYSTEM.*

Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.

CONTINUE 

## 7. Log in to the Keystone ID Portal



### Keystone Key

LOGIN

#### Self-service for Citizens

 [Forgot Password](#)

 [Edit Profile](#)

#### Self-service for Commonwealth Employees

 [Change CWOPA Password or Hint Questions](#)

WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF PUBLIC WELFARE SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Public Welfare Security and Audits Unit.

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## 8. Click on Create Clearance Application



### My PA Child Abuse History Clearances

CREATE CLEARANCE APPLICATION


ADD APPLICATION TO ACCOUNT

## Getting Started

### What to Expect

The exact amount of time it will take for you to complete this clearance application will vary depending on the information you supply.

If you have been provided a code by the organization that is asking you to apply for a clearance, you will have a chance to enter the code on the payment page. Otherwise, you will have the ability to enter your credit/debit card information as a form of payment.

You will be required to provide an electronic signature (e-Signature) in order for your Pennsylvania Child Abuse History Clearance application (CY113) to be accepted. If you do not wish to provide an e-Signature then you must download, complete, sign and mail in a paper copy of the CY113. You can download the CY113 by [clicking here](#) 

You will be able to save and print your application once you have completed the application online.

Your clearance certificate will be available through your Child Abuse History Clearance Account once your application has been processed. Additionally, you can choose to have it sent to your home or mailing address.


### Information You Will Need

Before you start, you should have the following information readily available to help you complete your application:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by
- Credit/Debit Card information for a \$10 application fee (or a payment code from the organization that is asking you to obtain a Pennsylvania Child Abuse History Clearance)

## 9. Click on Begin

### Additional Information

All of the information that you entered here is secure and confidential. For more information on the security and confidentiality of this website, please view the [Commonwealth of Pennsylvania's Privacy Policy](#)  Additionally more information is provided in the [Rights and Responsibilities](#).

If you have any questions about your application, please refer to the [Frequently Asked Questions](#) page. If you need further assistance, please contact the ChildLine and Abuse Registry's Child Abuse Clearance Unit at 1-877-371-5422.

◀ PREVIOUS

BEGIN ▶

## 10. VERY IMPORTANT!! Choose **School Employee NOT governed by School Code** for your reason.

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members
- Application Summary

Part 2

- eSignature
- Application Payment

### Application Purpose

Please select the reason you are submitting this Pennsylvania Child Abuse History Clearance application. You can select only one reason per application. If you require additional child abuse history clearances for any other reason, you will need to submit another application. You can submit another application at any time from your PA Child Abuse History Clearance Account.

For more detailed definitions and exceptions to clearance requirements please see the Who Needs Child Abuse Clearances at <http://keepkidssafe.pa.gov/clearances/index.htm>

- Volunteer Having Contact with Children: Applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children.
- Foster Parent: Applying for purposes of providing foster care.
- Prospective Adoptive Parent: Applying for the purpose of adoption.
- Employee of Child Care Services: Applying for the purposes of child-care services in the following (but not limited to): Child day-care centers; group day-care homes; family child-care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day-care services or programs that are offered by a school.
- School Employee Governed by Public School Code: Applying as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code.
- School Employee Not Governed by Public School Code: Applying as a school employee not governed by Section 111 of the provisions of the act of March 10, 1949 (P.L. 30, No. 14), known as the Public School Code of 1949.
- Self-employed provider of child-care services in a family child-care home: Applying for the purpose of providing child-care services in one's home (other than the child's own home) at any one time to four, five or six children who are not relatives of the caregiver.
- Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child's welfare or having direct contact with children.
- Individual seeking to provide child-care services under contract with a child-care facility or program: Applying for the purpose of being able to provide child-care services as part of a contract or grant funded program.

[Back To My Account](#)

e-Clearance ID: **00000008345**

DELETE APPLICATION

SAVE APPLICATION

### Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members
- Application Summary

### Part 2

- eSignature
- Application Payment

## Applicant Information

Please provide some basic information about yourself and confirm that the email address listed below is the email address where you wish to receive all emails regarding this application.

**First Name** (required)  **Middle Name**  **Last Name** (required)  **Suffix**

**Date of Birth** (required)  **Gender** (required)

Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse. However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

Would you like to provide a Social Security Number (SSN)?

Yes  No

## 11. Use your Etown College Email address

SSN

The email address below will be used for all emails regarding the submission and status of your application. If you would like to use a different email address, return to your PA Child Abuse History Clearance Account and click the Account Profile link provided at the top of the screen. This application will be available for you to continue from your account after your email has been updated. [Click here to return to your PA Child Abuse History Clearance Account to update your email address.](#)

Email Address

Do you have any previous names or nicknames that you have used in the past or that you may be known by? (required)



Yes  No



---

## Contact Information

[+](#) ADD CONTACT NUMBER

	Phone Type	Phone Number	Extension
--	------------	--------------	-----------

[EDIT](#) [DELETE](#)

[◀ PREVIOUS](#)

[NEXT ▶](#)

## 12. Enter your home address here.

---

## Current Address

Please enter your home and mailing address information on this page, and indicate your preferred certificate delivery method below.

Please keep a copy of this e-Clearance ID for future reference.

---

## Home Address

Country (required)

United States

Address Line 1 (required)

Eg., 123 Main St

Address Line 2

Eg., Apartment 101

City (required)

State (required)

Pennsylvania

Zip Code (required)

County

--Select--

---

13. IMPORTANT: Please make sure you enter your **college mailing address here.**(recommended)

### Mailing Address

All notices and correspondences will be sent to you at the mailing address entered here.

#### Attention

We can only send notices and correspondences (including your clearance certificate) to your residential address or your personal P.O. Box.

Is your mailing address the same as your home address? (required) ⓘ

Yes  No

<b>Country</b> <small>(required)</small>			
United States ▼			
<b>Address Line 1</b> <small>(required)</small>		<b>Address Line 2</b>	
<input type="text"/>		<input type="text"/>	
<b>City</b> <small>(required)</small>	<b>State</b> <small>(required)</small>	<b>Zip Code</b> <small>(required)</small>	<b>County</b>
<input type="text"/>	Pennsylvania ▼	<input type="text"/>	--Select-- ▼

### Certificate Delivery Method

Your clearance certificate will be available from your PA Child Abuse History Clearance Account. You have the ability to save and print your electronic certificate and use it as valid proof of clearance.

#### Note

The certificate will only be mailed to you if you select Yes below.

Would you also like to have a paper version of the certificate sent to your home or mailing address? (required)

Yes  No

#### Important

You will continue to receive application updates and your certificate online, regardless of your answer.

◀ PREVIOUS

NEXT ▶

## Previous Addresses

---

Please enter everywhere you have lived since 1975. If you cannot remember exact addresses, please enter as much information as you can.

[+](#) ADD PREVIOUS ADDRESS

Country	Street Address	City	State	Zip Code	County
---------	----------------	------	-------	----------	--------

EDIT

DELETE

[◀ PREVIOUS](#)

[NEXT ▶](#)

## Household Members

---

Please tell us about everyone with whom you have ever lived since 1975 or anyone with whom you are currently living. This includes, but is not limited to, your parents, guardians, spouses and/or siblings.

[+](#) ADD HOUSEHOLD MEMBER

Full Name	Relationship To Applicant	Current Age	Gender
-----------	---------------------------	-------------	--------

EDIT

DELETE

[◀ PREVIOUS](#)

[NEXT ▶](#)

## Application Summary

---

Below is a summary of the information you have entered so far. Please check your information for accuracy. If your information is not correct or needs to be updated, please click the edit button in the heading of the section that you would like to update and modify it as necessary.

14. Review all information to ensure that it is correct.

Application Purpose		EDIT	−
Application Purpose	School Employment		

Applicant Information	EDIT	+
-----------------------	------	---

Current Address	EDIT	+
-----------------	------	---

Previous Address	EDIT	+
------------------	------	---

Household Members	EDIT	+
-------------------	------	---

◀ PREVIOUS NEXT ▶

## eSignature

You are almost finished! To complete your application please eSign below by checking the acknowledgement and entering your **first and last name** as it appears on the Application Information screen.

- I hereby certify that the information entered on this report is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). (required)

Signature (required)

◀ PREVIOUS NEXT ▶

## 15. For payment code, Choose NO.

### Application Payment

Did an organization provide a payment code for your application? (required) 

Yes  No

To submit a payment for your application, please click the "Make A Payment" button at the bottom of this page.

You will be navigated to a secured external site to submit your payment. Once your payment is received, your application will be submitted and you will be directed to the Submission Confirmation page.

If your application times out during your payment submission, it will be saved to your PA Child Abuse History Clearance Account where you may quickly retrieve and submit it.

[← PREVIOUS](#)

[MAKE A PAYMENT →](#)

You are allowed two attempts to make an electronic payment. After two failed electronic payment attempts, you will be required to submit a paper application.

Name on Credit/Debit Card

Credit/Debit Card Number



Credit/Debit Card Expiration Month

Credit/Debit Card Expiration Year

Credit/Debit Card Verification Code



Credit/Debit Card Billing Street Address

Credit/Debit Card Billing Zip Code

[< PREVIOUS](#)

[PAY NOW >](#)

## Payment Completed

---

Your application has not been submitted yet! To submit your application, click the Finalize and Submit Application button below.

- Transaction ID: 8659B40B-D7FA-411F-8EFC-A630652C7A36
- Amount Paid: \$10.00
- Description: e-Clearance ID: 8345
- Payment Timestamp: Fri Jan 09 10:36:06 2015

[FINALIZE AND SUBMIT APPLICATION >](#)

### 16. Choose “Go to PA Child Abuse History Clearance Account”

## Submission Confirmation

---

### Success.

Your application (e-Clearance ID: 000000008345) has been successfully submitted!

### Next Steps

Thank you for your submission. Please check your email for a confirmation notification that you may save for your own record. For more information or confirmation, contact ChildLine and Abuse Registry's Child Abuse History Clearance Unit at 1-877-371-5422.

You may view or check the status of your application from your PA Child Abuse History Clearance Account at any time. Once you log in, you will receive a notification via email to log in to your account and view the outcome/result of the application.

You can also log into your account at any time from the Child Welfare Portal homepage.

---

### Now that you have submitted your application, what would you like to do?

[LOG OUT](#)

[GO TO PA CHILD ABUSE HISTORY CLEARANCE ACCOUNT](#)

[SUBMIT ANOTHER CLEARANCE APPLICATION](#)

### Status of Submitted Applications

You can modify an application with an issued certificate, if an error exists on the current certificate. To resubmit an application, click the Resubmit button below.

#### Warning

It is recommended that you DO NOT save your certificate on a public computer. Doing so could leave your personal information open for others to view! Only save your certificate to a trusted computer to protect your information.

e-Clearance ID: 00000008345 

RESUBMIT

Purpose School Employment

Created On 01/09/2015

Updated On 01/09/2015

Your application has been processed. [To view the result, click here.](#)

17. Click on the link “To view the result, click here. “

Your application has been processed. [To view the result, click here.](#)

Once you click on the link, you will be able to print your clearance. **Please print 2 copies. One for yourself to use as your original and one to turn in to the Education Department office.**

## PA Child Abuse History Clearance Form and Instructions (Mail-In instructions- We strongly recommend that you complete the online process- it is faster!)

- Type or print clearly and neatly in ink only
- Applicants must complete all sections completely
- **Purpose of Clearance- Do NOT check more than one box**
  - **Check school employee not governed by school code**
- **Agency/Organization name- Leave blank**
- **Consent/ Release of Information- Leave blank**
- **Applicant Demographic Information**
  - The space for the applicant’s name must be the applicant’s full legal name. An initial is not acceptable for the first name. The address listed must be applicant’s current home address. This is also where the results of the clearance will be mailed.
  - The applicant’s Social Security number must be filled in completely. \*A social security number is voluntary, however, **applicants that do not include a Social Security number may take longer to be processed.**

- Gender- fill in one box
- Date of Birth- Fill in the applicant's date of birth (Example: 01/22/1990)
- Age- Fill in the applicant's current age
- Home Address: Please list current home address
- Mailing Address: List mailing address if different than your current home address. **\*If a mailing address different than your home address is listed, this is the address your clearance will be mailed to.**
- **Contact Information**
  - Include Home telephone number
  - Work (if applicable) telephone number
  - Mobile telephone number
  - Email (**\*please use your school email address**)
- All information must be completed in full. (The form asks for all previous names, addresses and household members since 1975.) This information must be provided to the best of your knowledge and belief. Household members section must include member's relationship to applicant, their age and their gender. Applications where this section is left blank will be rejected and returned to the applicant.
- **Application must be signed and dated.** Applications that are not signed and dated will be rejected and returned to the applicant.
- **Enclose an \$8.00 money order for each application. No cash or personal checks accepted. Money orders can be purchased at any Turkey Hill Store, Giant Store, your local bank or most convenience stores in PA.**
- Do not send any postage paid return envelopes. Results are issued through an automated system generated mailing process.
- Application should be placed in a business-sized or larger envelope prior to mailing.
- Send the **application and a check or money order for \$8.00 payable to PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES. (DO NOT SEND CASH!!)** Mail to: CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170
- Questions: Call 717-783-6211 or Toll free- 877-371-5422
- You do have the option of Driving directly to the Child Abuse Background check site. The building is in Harrisburg (less than an hour drive) .Driving there directly will cut back on your wait time. **Wait time at the Site is 15 minutes** as opposed to 4 weeks via mailing the form in.

Directions to the Child Background Building:

- 283 W to 283N to 83 N
- 83 N to 81 S
- Take Exit 69 Progress Avenue and bear right to go South on Progress Avenue



- At 2<sup>nd</sup> light, make a right onto Elmerton Avenue (CVS is on the right)
- Continue on Elmerton Avenue, at 4<sup>th</sup> light make a left onto Sycamore Drive
- Continue on Sycamore drive until you get to a BIG speed bump
- After the speed bump you will see a big, red brick building on the right. Parking lot is on the left. You can park anywhere in the lot.
- Walk across Sycamore to the brick building (53 Hillcrest).
- Inside the entrance there is a phone on the wall. You want the phone number that is for the Child Background Check.

They are open 8:30 am – 11:45 am and 1 pm – 4:45 pm Mondays thru Fridays.

**Clearance results will be mailed to you within 14 days from the date that the clearance application is received. There will be no replacements after 90 days. Failure to comply with the above instructions will cause considerable delay.**

Please contact the following for applicable criminal history requests and status: PA Child Abuse Form:  
(717) 783-6211 option #4

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 3170 HARRISBURG, PA 17105-8170.

**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-8211, OR (TOLL FREE) 1-877-371-5422.**

### PURPOSE OF CERTIFICATION (Check one box only)

<input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year	<input type="checkbox"/> Volunteer having direct volunteer contact with children If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE: <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)  <div style="display: flex; justify-content: space-between;"> <span>_____ SIGNATURE OF CIVICAO REPRESENTATIVE</span> <span>_____ CIVICAO PHONE NUMBER</span> </div>
---	---

AGENCY/ORGANIZATION NAME:	PAYMENT AUTHORIZATION CODE, IF APPLICABLE:
---------------------------	--

Consent/Release of information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

### APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER ____ - ____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Not reported <input type="checkbox"/> Female	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
Different mailing address	ATTENTION	ATTENTION

### CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

## PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)			
Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED YES    NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____ <input type="checkbox"/>	CERTIFICATION ID #