Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services Child and Family Services 11 State House Station 2 Anthony Avenue Augusta, Maine 04333-0011

Tel.: (207) 624-7900; Toll Free: (877) 680-5866 TTY: Dial 711 (Maine Relay); Fax: (207) 287-5065

Requesting Maine Child Abuse Record Researches

Thank you for registering. The required release form is attached.

Please DO NOT share this form with other agencies.

Changes to your contact information should be reported to us immediately.

For questions, or to report changes, call 1-800-452-1999 x2

Submit requests as follows:

• One authorization release per person, completed (no blanks) by the individual who is the subject of the search. The individual must be at least 18 years of age. Original signatures are required, unless DocuSign (or other) documentation can be provided. This release authorizes the search and disclosure regarding whether or not the individual has been substantiated by Maine DHHS as an abuser of a child. The individual should be directed to read this release form carefully. The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.

(Forms not properly filled out or signed manually cannot be processed.)

- The Code of Federal Regulations, that explain and clarify CAPTA, provides: "If a State chooses, it may authorize by statute disclosure to additional persons and agencies, as determined by the State, for the purpose of carrying out background and/or employment-related screening of individuals who are or may be engaged in specified categories of (1) Child-related activities or employment; or (2) Activities or employment related to adults with intellectual disabilities or (3) private agency adoption or foster care.
- \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004).
- Our office does not maintain or provide these records. It is the requesting agencies responsibility.
- DHHS, OCFS
 Attn: CPI Records Research
 SHS 11, 2 Anthony Avenue
 Augusta, ME 04333.

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

Agency/Provider to receive this information:
Cory Haight
Interlochen Arts Camp
4000 J Maddy Parkway
Interlochen, MI 49643

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:

The Department can only conduct a search based on the information provided in this form. The CPS

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- 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.
- O 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.
- O This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.

DATE OF BIRTH: ALIASES (including maiden):

This release will expire upon the disclosure of the information as authorized.

PLEASE DO NOT LEAVE ANY SPACES BLANK

SIGNATURE:	DATE:
MAINE ADDRESS:	
	IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT→ Updated 2020
RESULT BELOV	V (To be completed by DHHS):
As of State of Maine.	, this person has no substantiated findings of Child Abuse or Neglect in the
DHHS, OCFS, Back	ground Check Unit Staff

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