

**St. Lawrence County Department of Social Services
Background Check Consent Form**

St. Lawrence County Department of Social Services (STLDSS) requires that a background check be done on all individuals applying to transport clients to/from medical and/or service appointments. The following is a list of databases that will be checked:

I. Criminal Background

County criminal records shall include, but not be limited to, criminal records available through a county clerk's office, a county law enforcement office, a county jail or county court.

II. CLEAR Report

Used to verify addresses, driver licenses, motor vehicle registrations, criminal filings and sex offender registrations throughout the United States

III. New York State Office of Children and Family Services' Child Care Facility System

Reveals whether the applicant has been denied a NYS daycare license or registration or had a daycare license or registration revoked or suspended

IV. New York State Division of Criminal Justice Sex Offender Registry

Reveals if applicant is listed on the NYS Sex Offender Registry

V. Department of Motor Vehicles Used to verify address and driving record of applicant

VI. New York State Department of Corrections and Community Supervision Website

Used to verify criminal history and incarcerations of applicant

VII. Local Agency Child Welfare Database

Used to determine if the applicant has ever had parental rights terminated, had a child removed by court order under Article 10 of the Family Court Act, or been the subject of an indicated report of child abuse and/or maltreatment

By signing this form, you are acknowledging that you have read and understand the above information and that you give your permission for the release of records and information to/from St. Lawrence County Department of Social Services to/from the sources listed above. I understand that this information can be used to determine approval to transport STLDSS clients to/from medical and/or service appointments.

This release is to be in effect for 12 months from the date of signature. I am consenting to a photocopy of this authorization being used with the same authority as the original.

Driver Name (Printed)

Driver Signature

Date

Current Address

City/State

Zip Code