***Consent for Permission to Conduct a NYS Systems Clearance Check and Background Check of Relative(s) and/or Willing Other(s) as a Potential Placement Option(s) or Substitute Caregiver(s) for Child(ren) or Foster Child(ren)***

I/We,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give consent to the Onondaga County Department of Children and Family Services to conduct a NYS Systems Clearance Check and Background Check to be taken into consideration in the possible placement of children in my/our care or as a possible substitute caregiver(s) for a foster child(ren). ***Such Clearances and Background Check may include the research of arrest records and criminal convictions, New York State Department of Corrections records, New York State Sex Offender Registry records, Welfare Management System Records, New York State Connections Database, SEL (Staff Exclusion List) Clearance thru Onondaga County Justice Center, and New York State Central Registry database of child abuse and maltreatment.***  I/We understand that I/We am/are under no obligation to provide such consent and I/We am/are doing so of my/our own volition for the purpose of consideration as a placement resource or substitute caregiver for a child(ren). My/our consent to conduct the NYS Systems Clearance and Background Check expires on \_\_\_\_\_\_\_\_\_\_\_\_\_. I/We understand that I/We have the right to revoke my/our consent at any time by contacting the assigned and/or involved caseworker(s) or supervisor(s) at (315) 435-2884.

Name Date of Birth Social Security Number

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Signature Date Signature Date

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Witness Date

Approved  Denied

Homefinder Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_