Maryland
Department of
Human Services

Child Protective Services Clearance Packet

This packet contains the following documents:

1. Guidance for submitting a Child Protective Services (CPS) Background Clearance Request;
2. The Consent for Release of Information CPS Background Clearance Request;
3. The Consent for Release of Information CPS Background Clearance Acknowledgement; and
4. The mailing and email address for each Local Department of Social Services (LDSS).

Guidance for Submitting a CPS Background Clearance Request

1. Clearance Request Requirements:

a. A separate clearance request must be submitted for each individual to be searched. Combined or group submissions will not be processed.
b. The request form must be completed legibly and in its entirety.
c. You must provide your Social Security Number (SSN) if one has been issued to you. This is required to ensure a thorough search can be conducted.
d. If the applicant is under 16 years of age, a parent/guardian must authorize the form and it must be notarized.
e. **One** signature method is required:
    i. The employer may attest to the identity of the applicant in Part IV, and a notarized signature is not required.
    ii. The requesting agency, contracted vendor or Department of Human Services (DHS) may attest to the identity of the applicant in Part IV, and a notarized signature is not required.
    iii. Provide proof of identity to the Notary Public before you sign Part IV if you are submitting the application on behalf of yourself. The list of Maryland Approved Remote Online Notary (RON) vendors can be found here.
f. The request form expires 60 days from the date of the applicant's signature.

2. Submitting the CPS Background Clearance Request:

a. **Requestors are encouraged to submit forms through the MDBenefits Portal, as mailed requests require extended processing times**
b. **Maryland Camps, Public Schools, and other Child Serving Agencies**, including adoption agencies, **must** use the **Maryland Benefits Portal** for *more than five* submissions a month. If your agency does not have access to the MDBenefits Portal, please review the instructions **here** to register.
c. Should the applicant reside in the state of Maryland and electronic submission is not feasible, please forward the completed form to the LDSS responsible.

d. Should the applicant reside outside of Maryland and electronic submission is not feasible, please forward the completed form to:

i. **Maryland Department of Human Services**
Social Services Administration
CPS Background Clearance Unit
25 S. Charles Street, 11th floor
Baltimore, MD 21201

e. Refer to page 6 of this document for a full list of LDSS contact information.

3. Processing Times

a. Requests submitted through the **Maryland Benefits Portal** will be processed within one to two weeks from the date of receipt.
b. Requests submitted via postal mail will be processed within four to six weeks from the date of receipt.

4. Important Facts Regarding A Completed Application

a. Incomplete, altered, or illegible forms will be returned without processing, resulting in unavoidable delays. A form is deemed incomplete or illegible if any of the following criteria apply:
   i. The photocopy is illegible due to insufficient or excessive lightness/darkness, obscuring the Notary signature/seal, and/or rendering the text unreadable,
   ii. Information is absent or deficient in Part I, Part II, Part III, and/or Part IV (Refer to "Clearance Request Requirements" in section 1 of Instructions),
   iii. The form was previously returned and a new form was not completed (Initials accompanying alterations are not acceptable; a new form must be completed), and
   iv. Corrective tape, such as white-out, has been used on the form.
b. *If an individual is completing the form on their own behalf, they **must** complete the entirety of Part I and have the form notarized.*
c. Should a form be returned, **a new form must be completed and resubmitted.** DHS, Social Services Administration (SSA), will **not** process a returned request that has been modified ***after*** notarization.
d. Information on family members is requested to facilitate identification in the event the applicant shares a name with another individual known to the Department.
e. There is no fee for this service.
f. **All prior versions of the CPS Background Clearance Request are obsolete, and submissions using older forms will be returned. Please stay updated with the current form by checking the DHS, Child Protective Service website here.**

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CONSENT FOR RELEASE OF INFORMATION

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT

Part I: PURPOSE OF SEARCH *(If you are completing this form on your own behalf, all fields in Part I must be completed by you)*

A. RELEASE TO SELF:

☐ 1. To determine if I have been found responsible for an "indicated" disposition for a child abuse or neglect investigation.

☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

☐ Adoption
☐ Foster Care
☐ Kinship Care
☐ International Adoption
☐ School Personnel
☐ Employment
☐ CASA
☐ Custody Evaluation
☐ Day Care Center
☐ Family Day Care
☐ Community Mgmt. Entity
☐ Group Home/Residential Treatment Facility
☐ Youth Camp Personnel Administrator
☐ Youth Camp Worker/Volunteer
☐ Other **(Please Specify)** _____

Agency/Individual Name	Name of Agency Representative/Individual

Agency/Individual Address ***(To include street # and name, unit type and #, city, state, and zip code)***	Rep/Ind Phone Number
	- - x

Representative/Individual Email

Part II: SEARCH INFORMATION *(To be completed **IN FULL** by individual whose name is being searched)*

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME

SOCIAL SECURITY NUMBER	A - Number	DATE OF BIRTH	GENDER	RACE
- -				

OTHER NAMES USED

NUMBER	STREET NAME	UNIT	CITY	STATE	ZIP CODE	COUNTRY

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS

CURRENT SPOUSE

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH

FULL NAMES OF ALL CHILDREN *(To include adult children and children not residing with you).* ***If more than 2 children, attach additional paper if necessary.***

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH

Part II: SEARCH INFORMATION CONT. *(To be completed **IN FULL** by individual whose name is being searched)*

Do you currently reside, or have you previously resided, in Maryland?	**Yes** ◯ **No** ◯	**If yes, from what years?** _____
Do you currently volunteer/work, or have you previously volunteered/ worked, in Maryland?	**Yes** ◯ **No** ◯	**If yes, from what years?** _____

PRIOR ADDRESSES ***(List all within the past 7 years in Maryland)***					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulation 07.02.07.21, pertaining to the confidentiality of reports and records concerning child abuse or neglect; I _____ hereby authorize the Maryland Department of Human Services to notify _____ (**agency or individual as listed in Part I)** as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect for the purpose of determining my suitability for employment or volunteer service with children.

REVIEW THAT ALL SECTIONS ABOVE ARE COMPLETE *BEFORE* MOVING TO PART IV.

PART IV: MANDATORY ACKNOWLEDGEMENT AND SUBMISSION REQUIREMENTS

The section labeled **PART IV: APPLICANT SIGNATURE AND ACKNOWLEDGEMENT** on Page 5 of this document is a **mandatory** component of the submission process. It must be fully completed, dated, and signed by the applicant *and* appropriate party *prior* to the form being submitted for review and processing.

Please be advised that any forms received without the required completion of Part IV, the Applicant Signature and Acknowledgement section, on Page 5 will be deemed incomplete. Such submissions cannot be processed and **WILL BE RETURNED** to the sender, which will cause significant delays in the review and approval timeline. Ensure the appropriate fields in Part IV are accurately completed and the required signature is present to avoid further delay.

Part IV: APPLICANT SIGNATURE AND ACKNOWLEDGEMENT

This form must be signed by one of the following individuals: 1) A Notary or, 2) The Employer's or Volunteer's Representative or, 3) DHS or/a DHS Contracted Vendor staff.*

****If you are completing this form on your own behalf, you must have the form notarized.***

APPLICANT SIGNATURE *(Required)*

Name: _____

Signature: _____ **Date**: _____

EMPLOYER ACKNOWLEDGEMENT

I attest that the named individual presented me with the documents required to verify the identity of the individual and legally agreed to allow us to submit a CPS background clearance on them for the purpose of determining their suitability for employment or volunteer service with children.

Name: _____ **Title**: _____

Signature: _____ **Date**: _____

THE AGENCY/CONTRACTED VENDOR/DHS STAFF ACKNOWLEDGEMENT

I attest that the named individual presented me with the documents required to verify the identity of the individual and legally agreed to allow us to submit a CPS background clearance on them.

Name: _____ **Title**: _____

Signature: _____ **Date**: _____

NOTARY ACKNOWLEDGEMENT *(If you are submitting on behalf of yourself, you **must** have this section completed. **Please print before placing your notary stamp.**)*

State of: _____

County of: _____

On this the: _____ day of, _____ 20____

before me, _____,

personally appeared, _____,

known to me or satisfactorily proven to be the person described above, and acknowledged this instrument.

Signature: _____

My Commission Expires: _____

In witness whereof, I hereunto set my official seal.

(Notary Seal Placement)

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Local Departments of Social Services Contact Information

Local Departments of Social Services	
Allegany County DSS 1 Frederick Street, Cumberland, MD 21502 adultandchildservices.allegany@maryland.gov	**Harford County DSS** 2 S. Bond Street, Suite 300, Belair, MD 21014 harcodss.clearances@maryland.gov
Anne Arundel County DSS 7500 Ritchie Highway, Glen Burnie, MD 21061 aadss.clearances@maryland.gov	**Howard County DSS** 9780 Patuxent Woods Drive, Columbia, MD 21046 howco.cpsbackgroundclearances@maryland.gov
Baltimore City DSS 1525 N. Calvert Street, Baltimore, MD 21202 BCDSS.CLEARANCES@maryland.gov	**Kent County DSS** P.O. Box 670, Chestertown, MD 21620 kentcodss1.cpsbackgroundclearances@maryland.gov
Baltimore County DSS 6401 York Road, Baltimore, MD 21212 dlbacodss_backgroundclearance_DHS@maryland.gov	**Montgomery County DSS** 1301 Piccard Drive, Rockville, MD 20850 MCCWS1CPSBackgroundClearances@montgomerycountymd.gov
Calvert County DSS 200 Duke Street, Prince Frederick, MD 20678 calvertdss.cpsclearances@maryland.gov	**Prince George's County DSS** 805 Brightseat Road, Landover, MD 20785 pgcdss.clearances@maryland.gov
Caroline County DSS 207 S. Third Street, Denton, MD 21629 caroline.clearances@maryland.gov	**Queen Anne's County DSS** 125 Comet Drive, Centerville, MD 21617 qacodss1.cpsclearances@maryland.gov
Carroll County DSS 1232 Tech Drive, #1, Westminster, MD 21157 carroll.adultandchildservices@maryland.gov	**Somerset County DSS** 30397 Mt. Vernon Road, P.O. Box 369, Princess Anne, MD 21853 scdss.intake@maryland.gov
Cecil County DSS 170 E. Main Street, Elkton, MD 21921 DLCecilBackgroundChecks_DHS@maryland.gov	**St. Mary's County DSS** 23110 Leonard Hall Drive, Leonardtown, MD 20650 stmaryscounty.cpsclearances@maryland.gov
Charles County DSS 200 Kent Avenue, P.O. Box 1010, La Plata, MD 20646 charlescounty.cpsclearances@maryland.gov	**Talbot County DSS** 301 Bay Street Unit #5, Easton, MD 21601 talbot.cpsclearances@maryland.gov
Dorchester County DSS 2737 Dorchester Square, Cambridge, MD 21613 dorchesterdss.cpsclearances@maryland.gov	**Washington County DSS** 122 N. Potomac Street, Hagerstown, MD 21740 wcdss.screening@maryland.gov
Frederick County DSS 1888 N. Market Street, Frederick, MD 21701 fcdss.cpsclearances@maryland.gov	**Wicomico County DSS** 201 Baptist Street, Suite 27, Salisbury, MD 21801 dlwi_screeningintake_wi_dhs@maryland.gov
Garrett County DSS 12578 Garrett Highway, Oakland, MD, 21550 GCDSS.CPSBackgroundClearances@maryland.gov	**Worcester County DSS** 299 Commerce Street, P.O. Box 39 Snow Hill, MD 21863 worcdss.cpsbackgroundclearances@maryland.gov