

## Child Abuse Release Authorization Form Instructions


### What is this for?

This form gives the PA Office of Long Term Living (OLTL), through Public Partnerships LLC (PPL) the authority to run a criminal background check on Direct Care Worker (DCW) applicants.

OLTL, through PPL must receive this form signed and dated in order to continue the enrollment process **ONLY** if someone under the age of 18 lives in the home in which services are provided.

### As a Direct Care Worker, will I incur any costs?

There is no cost associated with this form.

 **pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

CHILDLINE AND ABUSE REGISTRY  
P.O. BOX 8170  
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM  
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

I, ( \_\_\_\_\_ ), hereby authorize the PA Department of Human Services, ChildLine to  
Applicant's Name

release my Pennsylvania Child Abuse History Clearance information directly to ( \_\_\_\_\_ ).  
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)  
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by  
( \_\_\_\_\_ ) without my expressed authorization or pursuant to Section 3490.126 of  
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held  
criminally liable for a breach of confidentiality related to release of this information. I also understand that the  
aforementioned information will not be released directly to me ( \_\_\_\_\_ ) as stated  
Applicant's Name

on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy  
of my Pennsylvania Child Abuse History Certification directly from ChildLine; however, I may request a copy of  
my Pennsylvania Child Abuse History Certification from ( \_\_\_\_\_ ) upon written request.  
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further  
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application  
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse  
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

**If you have any questions, please contact customer service at 1-877-908-1750.**