



**CARETAKER BACKGROUND SCREENING FORM FOR
FOSTER OR ADOPTIVE FAMILIES**

(One form for each individual)

Check one:

DJJ Check only

This is a request for a five year rescreening.

Check one:

Foster Parent Applicant

Specialized/Therapeutic* (*requires check for \$32 made payable to FDLE.)

Adoptive Parent Only *

Household Member (Name of family with whom you reside _____)

Babysitter/Respite Provider (Name of Foster Family you provide services for _____)

Name:

Last

First

Middle

Alias or Other Names Known by: _____

SSN: _____

Date of Birth _____

Race _____

Telephone # _____

Street Address: _____

City and Zip _____

Mailing Address (if different than above) _____

Printed Name of Requesting Individual _____

Agency Name: _____

Phone: _____

I understand it is a misdemeanor of the first degree for any employer to use or release screening information on employees to others for purposes other than screening for employment. I further understand that, as an employer, I shall provide information from personnel records to other employers for employment screening purposes.

Signature of Requesting Facility/Agency Representative

Date