

## **Directions for Completing a Background Check for the Diocese of Owensboro:**

1. Either pick up blank copies of background check request forms (Forms J and K) from a Catholic parish or school, or print out Forms J and K included here.
2. Fill out all information on Forms J and K. (Though the information requested is similar on both forms, the Cabinet requires us to submit its own form.) Both forms are needed for the background check.  
Note: On Form K you do not need to mark any additional boxes. The preprinted notations are adequate.
3. **Sign** both forms and have another adult witness your signatures on each form.
4. If possible, include:
  - a. a copy of your driver's license to help speed up identity questions with the Cabinet check
  - b. and a check for \$10, payable to the Kentucky State Treasurer—The diocese will pay if this is a burden.
5. Please **send** all forms and attachments to:  
Office of Safe Environment  
CPC  
600 Locust St.  
Owensboro, KY, 42301
6. Make sure you have current Safe Environment training (within the past five years) since you cannot be cleared for service without it. (Contact parish, school, or Office of Safe Environment if you are not sure how current your training is.)
7. The background check forms will be submitted to the required state agencies; a letter from the diocese will be sent to you and any identified places of ministry after completion of the background check (if training is current—see #6 above.)

Contact Molly Thompson at [molly.thompson@pastoral.org](mailto:molly.thompson@pastoral.org) or 270-683-1545, x353, with any questions.



**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

**CENTRAL REGISTRY CHECK**

**FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT <http://www.lrc.ky.gov/kar/titles.htm>. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

**Day Care Related Categories**

- Day Care Employee or Volunteer (Required by 922 KAR 2:090)
- Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)
- Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

**Other Categories**

- Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency/Wilderness)
- IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

**XX Catholic Diocese of Owensboro employee or volunteer ministering with minors--**

**PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):**

**NAME:** \_\_\_\_\_  
(first) (full middle name) (maiden/nickname) (last)

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Date of Initial Hire:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

FORM K (2 of 2)

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment. Mail check or money order to:

The Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care
275 East Main St., 3C-F
Frankfort, Kentucky, 40621

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and provide the results of the check to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

NAME OF EMPLOYER/AGENCY: Diocese of Owensboro (Office of Safe Environment)
ADDRESS: 600 Locust Street CITY: Owensboro
STATE: Kentucky ZIP: 42301 PHONE: (270) 683-1545

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]
No reportable incident found in accordance with 922 KAR 1:470.
Substantiated child abuse found on the registry Date of substantiated finding:
Substantiated child neglect found on the registry Date of substantiated finding:
CHECK CONDUCTED ON BY