



Pennsylvania Department of Public Welfare **Child Abuse History Clearance**

You must first have completed and received the results from the **PA State Police Criminal Record Check**. These results must be attached to the form for the **Pennsylvania Department of Public Welfare Child Abuse History Clearance**.

To obtain a form for the **Child Abuse History Clearance** from the Pennsylvania Department of Public Welfare, go to

www.dpw.state.pa.us

From the blue boxes on the top left, click on **Find a Form**.

Scroll down, then click on **Child Abuse History Clearance Forms**

The instructions will appear first. Please read these. At the bottom of the instructions are two links: click on the **PA Child Abuse History Clearance form (CY-113)**. This form must be downloaded, completed and mailed in. (It cannot be completed online).

The Department of Welfare prefers that copies are downloaded from the web or obtained from their office. They will accept a xeroxed copy, but it must be clean – “dark” copies will be returned.

Below is a copy of the waiver form an applicant can sign which allows the PA DPW to mail the results of the *Child Abuse History Clearance* directly to the requesting agency (parish/school). Please note that the applicant will NOT receive a copy of the results if the waiver form is signed. The applicant may receive a copy of the results from the requesting agency (parish/school) upon written request. Please have applicant enclose this signed waiver with the application for the Child Abuse History Clearance.

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

I, _____ (Applicant's Name), hereby authorize the Department of Public Welfare, ChildLine to 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 §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by the (Name of Requesting Agency) without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me _____ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from _____ (Name of Requesting Agency) upon written request.

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 Clearance application as it otherwise relates to this consent.

Date

Applicant's Signature

Requesting Agency: ENTER YOUR MAILING ADDRESS HERE