



State of Rhode Island

Rhode Island Department of Children, Youth and Families and Rhode Island Department of Human Services

**Fingerprint Affidavit for Individuals Required to be Licensed by the Department of Children, Youth and Families and/or the Department of Human Services**

| Individual obtaining fingerprints from a Law Enforcement Agency  |   |
|--|---|
| Foster Care or Adoption  | <input type="checkbox"/> Foster parent, resource parent, preadoptive parent, kinship parent, adoptive parent, household member of any of the above  |
| Congregate Care or Residential Facilities for Youth  | <input type="checkbox"/> Owners, operators, administrator, house manager, clinician, staff, program coordinator, volunteers, interns, members of the board, custodians, clerical, chef, maintenance crew, etc.  |
| Child Placing Agency   | <input type="checkbox"/> Owners, operators, directors, clinicians, case managers, child caring staff members (must have access to children without the supervision of others who have completed/cleared background checks.)   |
| Child Care Centers   | <input type="checkbox"/> Child Caring Employee, Owner, Operator, Administrator, Education Coordinator, Site Coordinator, Parent Coop Employee, Substitutes, etc. (must have access to children without the supervisor of others who have completed/cleared background checks) |
| Family Child Care Homes  | <input type="checkbox"/> Provider, Emergency Assistant, Assistant, staff, adult household member  |
| Applicant Information  |   |
| Name   |   |
| Date of Birth  |   |
| Street Address   |   |
| City/Town, State, Zip Code   |   |
| List all states the applicant has lived in (besides Rhode Island) the previous 5 years   | <input type="checkbox"/> N/A  |
| Provider Type  | Where Results Should be Sent  |
| Family Child Care Homes  | <i>DHS.childcarelicensing@dhs.ri.gov</i>  |
| Foster Care or Adoption  | <i>DCYF.Licensing@dcyf.ri.gov</i>   |
| Please send results of comprehensive background checks for <b>Congregate Care or Residential Facilities for Youth, Child Placing Agencies, and Child Care Centers</b> to the Applicant's Organization below: |   |
| Name/Facility/Agency/Organization  |   |
| Attention  |   |
| Street Address   |   |
| City/Town, State, Zip Code   |   |
| Email  |   |

*I hereby certify under the penalty of perjury that the above information is complete, true and correct:*

|                     |      |
|---------------------|------|
| Applicant Signature | Date |
| Employer Signature  | Date |

- Agency Completing Check:
- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Attorney General's Office                 | <input type="checkbox"/> DCYF |
| <input type="checkbox"/> Local Police Department (please specify): |                               |
| <input type="checkbox"/> State Police Department (please specify): |                               |