



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 <i>(must have access to children without the supervision of others who have completed/cleared background checks.)</i>
Child Care Centers	<input type="checkbox"/> Child Caring Employee, Owner, Operator, Administrator, Education Coordinator, Site Coordinator, Parent Coop Employee, Substitutes, etc. <i>(must have access to children without the supervisor of others who have completed/cleared background checks)</i>
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 Congregate Care or Residential Facilities for Youth, Child Placing Agencies, and Child Care Centers 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): | |