



State of Rhode Island and Providence Plantations
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, 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 last 5 years	
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	

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: Attorney General's Office
 Local Police Department (please specify):
 State Police Department (please specify):

DCYF