

Statement of Criminal Record (SOCR)

Electronic Fingerprints

***Date Fingerprints Scanned:**

***Transaction #:** _____

Hard Card Fingerprints

CIB Only

Both CIB/NCIC(FBI) (*Remittance required \$37.25*)

!!! PROVIDER MUST CHECK THE APPROPRIATE BOXES AND INDICATE THE SCAN DATE AND TRANSACTION # PRIOR TO THE SUBMISSION OF THE SOCR TO THE BCF CIB UNIT

Region: _____

County Office: _____

DHHR Worker or Licensing Specialist

Name: _____

Provider must check one:

Residential Child Care Employee

Child Placing Agency Employee

Safe at Home Local Coordinating Agency Employee

Child Care Center Employee

DHHR Employee

Family Child Care

Foster/Adoptive Parent

Adult Family Care

!!! The information below must be completed or there will be a delay in the processing of the individual's CIB/NCIC (FBI) background check. This Statement of Criminal Record may be returned to your attention for completion and re-submission.

Provider Name: _____ Facility Name: _____ Facts ID#: _____

Provider Address: _____

Provider Contact Person: _____ Contact Telephone #: _____

Provider Contact Email Address: _____

Potential Employee or Foster Parent Name: _____

(Print Full Name Clearly)

Maiden name and Aliases: _____

Social Security Number: _____ Date of Birth: _____

Authorization

I authorize the West Virginia Department of Health and Human Resources and/or the above named facility to conduct a criminal background check as a condition of my providing care for children and/or adults. I understand that criminal records in this state or any other state may be checked as well as records with the Federal Bureau of Investigation.

Declaration

I have/ have not (*circle one*) been convicted of any crime, pled guilty, or pled nolo contendere to any crime.

List crimes for which convicted: _____

(Attach additional sheet if needed) _____

I have/ have not (*circle one*) lived out of state after the age of 18.

List city and states where you have previously lived: _____

(Attach additional sheet if needed) _____

I am/am not (*circle one*) currently on probation or parole.

I am/am not (*circle one*) currently charged or indicted with any crime.

List any crimes currently charged with: _____

I will report any arrests to the facility named above or to the Department within 24 hours of the arrest.

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I agree to cooperate with the Department in conducting a criminal history record check.

Understanding

I understand that pending charges or conviction of a felony offense or pending charges or conviction of more than one misdemeanor offense may result in denial of being a provider for the care of children or adults, or in the denial of employment with the above named facility.

Failure to disclose convictions, charges or indictments may result in denial of being a provider for the care of children or adults, or in the denial of employment with the above named facility.

Notice

All child and adult service providers in the state of West Virginia are subject to provisions of law creating a central abuse registry. Any person providing services for compensation to children or incapacitated adults, who is convicted of a misdemeanor or felony offense constituting abuse, neglect or misappropriation of property of a child or an incapacitated adult, is subject to listing on the central abuse registry. Listing on the registry may limit future employment opportunities. The facility/provider listed above is mandated to report all suspected instances of abuse, neglect or misappropriation of property to the proper authorities and will cooperate in the prosecution of these offenses.

Potential Employee or Foster/Adoptive Parent Signature / Date

Witness - Facility Director, or designee or WV DHHR staff / Date

!!! Provider/Worker must submit this Statement of Criminal Record, as soon as the individual completes their fingerprint scan and they have a transaction number or with the Hard Card Fingerprints, to the Bureau for Children and Families (BCF) CIB Unit for processing. Background checks cannot and will not be processed without the Statement of Criminal Record, with a fingerprint scan date documented, being on file with the BCF CIB Unit.

!!! If an individual applying to be an employee of an agency or a child care provider indicates they have lived out of state since the age of 18, an NCIC (FBI) check must be requested. A check for the NCIC (FBI), in the amount of \$37.25, must accompany this Statement of Criminal Record, or the process will be delayed and you will need to complete a re-submission of the individual's fingerprints. Individuals who are applying to be foster/adoptive providers are required to obtain both a State CIB and Federal NCIC (FBI).