



Self-Directed Services CPS Instructions

Phone: 1.866.252.6871 | Fax: 1.888.272.2236

Website: thearcccr.org/self-directed-services

Open a Customer Service Ticket: thearcselfdirected.zendesk.com

All CPS Applications must be completed electronically. Complete the form online and then print and sign in front of a Notary.

Part I: Purpose of Search

A. Release to Self: Please leave this section blank. The results should be sent directly to The Arc of Central Chesapeake Region for processing so the applicant can be cleared to work.

B. Release to an Agency/Individual Related to: Other should be checked, and The Arc's information should be populated following the template below:

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
- 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Youth Camp Personnel Administrator |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Youth Camp Worker/Volunteer |
| <input type="checkbox"/> Kinship Care | <input type="checkbox"/> CASA | <input type="checkbox"/> Community Mgmt. Entity | <input checked="" type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> International Adoption | <input type="checkbox"/> Custody Evaluation | <input type="checkbox"/> Group Home/Residential Treatment Facility | |

Agency/Individual Name	Name of Agency Representative
The Arc Central Chesapeake Region	Leigh McLaughlin
Agency Address (To include street # and name, unit type and #, city, state and zip code)	Representative's Phone Number
1332 Donald Ave, Severn MD 21144	410-384-4406 x
Representative's Email	
fmsemployeerelations@thearcccr.org	

Part II: Search Information

Populate the following fields:

- Applicant's Last Name, First Name, Middle Name, and Maiden Name (if applicable)
- Applicant's Social Security Number, Date of Birth, Sex, and Race
- Applicant's Current Address
- Applicant's Daytime Telephone number and Email Address
- Applicant's Current Spouse's Full Name and Date of Birth *** If applicable***
- Applicant's Children's Full Name and Date of Birth *** If applicable***

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME
SOCIAL SECURITY NUMBER			
DATE OF BIRTH		SEX	RACE
- -		<input type="checkbox"/> Male <input type="checkbox"/> Female	
OTHER NAMES USED			
NUMBER	STREET NAME	UNIT TYPE/#	CITY
		STATE	ZIP CODE
			COUNTRY
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
CURRENT SPOUSE			
LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH
FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)			
LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH
If more than 3 children, attach additional paper if necessary.			

Have you lived in Maryland in the past? Yes No Have you worked or volunteered in Maryland in the past? Yes No
 If yes to either question, from what years:

DHR/SSA 1279A Side 1 (03/2017 edition) (All other versions are obsolete)

Staff must check if they lived in Maryland in the Past.

Staff must check if they worked or volunteered in Maryland in the past.

If either response to prior questions is yes, staff must indicate the specific years they worked, volunteered, or lived in Maryland.

Provide prior addresses including Dates resided in home for the last 7 years.

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: Authorization (please read and review the application)

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHR) to notify The Arc Central Chesapeake Region (agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland Department of Human Resources, any local department of social services, and Child Protective Services.

*******STOP*****REVIEW THAT ALL SECTIONS ARE COMPLETE*******

*******PRINT THIS FORM BEFORE PROCEEDING TO PART IV*******

Reminder, print the completed form then Sign, date the form, and print the legal name of the applicant to prospective field.

PART IV: SIGNATURE <small>(If Applicant is under age 18, must be signed by Applicant's parent/guardian)</small>	DATE
<i>(Print name of signature above)</i>	

Part V: Certificate of Acknowledgment of Individual Before a Notary Public

Have Notary complete section.

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC

City/County of: _____ State of _____

Acknowledged before me this _____ day of _____, 20_____

NOTARY PUBLIC

My commission expires: _____.

Return the completed CPS applicant to FMSNewHirePackets@thearcccr.org When the completed application is submitted by the Arc directly to the CPS portal, the background processing can take between 10 to 15 days for processing. Please reach out to FMSNewHirePackets@thearcccr.org if an applicant's background takes longer.