



Clear

INTERAGENCY SHARING OF SCREENING RESULTS FROM THE DEPARTMENT OF CHILDREN AND FAMILIES

Requesting Agency: _____ Statutory Authority: _____ *

Requesting Program
Office/Division: _____

Contact Person: _____ Phone: _____

TO BE COMPLETED BY THE APPLICANT:

Name: _____ SSN: _____ DOB: _____ R/S: _____

Initial level 2 screening by fingerprinting? ☐ Yes ☐ No

If "NO", employment/facility where
employed when last screening completed: _____

Date of screening (approximate): _____

TO BE COMPLETED BY CHILDREN AND FAMILIES:

The individual named above (check correct response):

- ☐ Was never screened by the department or the screening was never completed.
- ☐ Was screened under level 2 of Chapter 435, F.S.; screening completed on _____ (date).
- ☐ Has submitted screening information but the screening is incomplete.

Screening Results (check correct response):

- ☐ The department assessed the FDLE and FBI criminal history and the individual was cleared.
- ☐ The department assessed the FBI criminal history only and the individual was cleared.
- ☐ The individual was disqualified.
- ☐ An appeal is pending.
- ☐ The individual was granted an exemption.

For Medicaid providers, return this form along with the rap sheet or "no ident" report to the district developmental services or mental health office as appropriate.

Screening Coordinator

Date

* The purpose must be employment/licensure/certification or registration.