



Pennsylvania Department of Human Services **Child Abuse History Clearance**

To obtain information regarding submission of electronic or paper applications for the **Child Abuse History Clearance** from the Pennsylvania Department of Human Services,

click on

<https://www.compass.state.pa.us/cwis/public/home> for electronic submission

http://www.dhs.state.pa.us/cs/groups/webcontent/documents/form/s_001762.pdf for paper submission

Please read and follow directions for whichever method you wish to utilize.

There is a process by which parishes, schools and agencies can set up a Business Partner User account for online submission of applications. Organizations who want to set up business accounts must first register using the “Create Organization Account” link on the **Child Welfare Portal**. Using Google Chrome as your browser, go to <https://www.compass.state.pa.us/cwis/public/home> Scroll down and click on **Create Organization Account**, and follow the directions.

Organization accounts will allow businesses and organizations to purchase child abuse history clearance payment codes and distribute those codes to applicants. When an applicant uses a code given to them by an organization, the organization will have access to the applicant’s child abuse history clearance results once those results are processed.

Waiver:

For **paper submission** of clearance application only:

Below is a copy of the waiver form an applicant can sign which allows the PA DHS to mail the results of the *Child Abuse History Clearance* directly to the requesting agency (parish/school). Please note that the applicant will NOT receive a copy of the results if the waiver form is signed. The applicant may receive a copy of the results from the requesting agency (parish/school) upon written request. Please enclose this signed waiver with the paper application for the Child Abuse History Clearance.



CHILDLINE AND ABUSE REGISTRY
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, (), hereby authorize the PA Department of Human Services,
Applicant's Name

ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to
(). I understand that this information is
Name of Requesting Agency

confidential in nature pursuant to §6339 (relating to information in confidential reports) of the
Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by
() without my expressed authorization or pursuant to
Name of Requesting Agency

authorization by Title 55 of the Pennsylvania Code. I also understand that the aforementioned
information will not be released directly to me () as stated on the
Applicant's Name

Pennsylvania Child Abuse History Clearance application. I understand that I will not receive a
copy of my

Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy
of

my Pennsylvania Child Abuse History Clearance from ()
Name of Requesting Agency

upon written request. I have read this Consent/Release of Information Authorization form and fully
understand and agree to its content. I further understand and agree to all information and ramifications
of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.
Further

I understand that if I am listed in the statewide central registry for child abuse that my consent allows the
result

stating such information to be shared with the agency/organization noted on next page.

Please send my clearance result(s) to:

Agency Name:

Agency Street Address:

Agency City, State, Zip Code:

Date

Applicant's Signature

As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.

Date

Agency Representative's Signature