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, go to

http://www.dhs.state.pa.us/

From the blue boxes on the top left, click on **Find a Form.**

In the middle of the page, under **Topics Related to Find a Form,** click on **Clearances.**

The **instructions** will appear **for both electronic submission and paper submission** of the clearance application. Please read and follow directions for whichever method you wish to utilize.

Or 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

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 for a Business Partner User account using the "Organization Account Access" 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 **Organization Account Access** on bottom left.
Click on **Register Business Partner User** on right and complete process.

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.

Revised 2/5/15

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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