



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children & Family Services
 Background Checks Results

As determined from the results of the fingerprint based non-state criminal background check for

_____ received on _____ this individual is found to be:
 (First and Last Name) (Date Results Received)

- Eligible
- Eligible with Alternative Compliance (AC) approved:

_____	_____
Date AC Approved by C.O.	DCFS Director or Designee Initials
_____	_____
Date AC Approved by CWARB	DCFS Director or Designee Initials

- Eligible with DCFS Policy Waiver approval:

- Ineligible _____

_____	_____
Date Waiver Approved by C.O.	DCFS Director or Designee Initials

for the non-state criminal background check requirement.

As determined from the results of the Arkansas Crime Information Center (ACIC)/ Arkansas State Police Criminal Background Check for _____ received on _____
 (First and Last Name) (Date Results Received)

this individual is found to be:

- Eligible
- Eligible with Alternative Compliance (AC) approved:

_____	_____
Date AC Approved by C.O.	DCFS Director or Designee Initials
_____	_____
Date AC Approved by CWARB	DCFS Director or Designee Initials

- Eligible with DCFS Policy Waiver approval:

- Ineligible _____

_____	_____
Date Waiver Approved by C.O.	DCFS Director or Designee Initials

for the ACIC/Arkansas State Police Criminal Background Check requirement.

Harvester #: _____

As determined from the results of the Arkansas Child Maltreatment Central Registry Check for _____ received on _____ this individual is found to be:
(First and Last Name) (Date Results Received)

- Eligible
- Eligible with Alternative Compliance (AC) approved:

_____ Date AC Approved by C.O. _____ DCFS Director or Designee Initials

_____ Date AC Approved by CWARB _____ DCFS Director or Designee Initials

- Eligible with DCFS Policy Waiver approval:

- Ineligible _____ Date Waiver Approved by C.O. _____ DCFS Director or Designee Initials

for the Arkansas Child Maltreatment Central Registry Check requirement.

As determined from the results of the other state child maltreatment central registry/ registries check for _____ received on _____ this individual is found to be:
(First and Last Name) (Date Results Received)

(Should be conducted on each household member age 14 years or older in any state of residence in which they have lived for the last five years, and in their state of employment, if different)

- N/A
- Eligible
- Eligible with Alternative Compliance (AC) approved:

_____ Date AC Approved by C.O. _____ DCFS Director or Designee Initials

_____ Date AC Approved by CWARB _____ DCFS Director or Designee Initials

- Eligible with DCFS Policy Waiver approval:

- Ineligible _____ Date Waiver Approved by C.O. _____ DCFS Director or Designee Initials

For the other state child maltreatment central registry check requirement, if applicable.

As determined from the results of the Arkansas Vehicle Safety Check for _____
received on _____ this individual is found to be: _____
(Date Results Received) (First and Last Name)

Eligible

Eligible with Alternative Compliance (AC) approved:

Date AC Approved by C.O.

DCFS Director or Designee Initials

Date AC Approved by CWARB

DCFS Director or Designee Initials

Eligible with DCFS Policy Waiver approval: _____
(Date Waiver Approved by C.O.) Initials

Ineligible

for the Arkansas Vehicle Safety Check requirement.

By my signature below, I verify that all necessary background checks for the individual named on this form have been run as required by Arkansas law and/or policy and that any required alternative compliances and/or policy waivers have been approved.

DCFS Central Office Representative Signature

Date

If you have any questions regarding this form, please call (501) 682-8345.