



Child and Family Services
 An Office of the
 Department of Health and Human Services

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
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INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID#: _____ **AGENCY NAME:** _____

I, _____, authorize release of confidential information by the Maine Department of Health and Human Services, Office of Child and Family Services, regarding whether I have been involved in a substantiated Maine Child Protective Services case.
 (Please print clearly)

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of Maine.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this information:

Contact Person: _____

Agency: _____

Mailing Address: _____

City, State, Zip: _____

My date of birth: _____

(Confidentiality laws prohibit providing information on individuals under 18.)

Other names known by, including _____

Signature (subject of records research) Date _____

Address _____

This form should be completed by the individual who is the subject of the child protective records research request. This form should accompany the 083 Findings Form. Please include a self-addressed postage paid return envelope and a check/money order for the fee(s) of \$15.00 per person, payable to the Treasurer State of Maine. Please mail your requests to DHHS, Child Protective Intake, Records Research, SHS 11, 2 Anthony Avenue, Augusta, ME 04333. For questions please call 1-800-452-1999 x2.

OCFSCP-082
Initial Release Form
Updated 03/08