



Agency Name: SMART Child and Family Services
Agency # 308

John E. Baldacci
Governor

STATE OF MAINE

DEPARTMENT OF HEALTH & HUMAN SERVICES

AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CENTRAL CASE
RECORDS SEARCH

I _____ authorize release of confidential information by the Maine
(Please print clearly)

Department of Health & Human Services, Bureau of Child and Family Services regarding whether I have been involved in a substantiated Maine Child Protective Services case.

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W.

I authorize release of this information to the agency/service provider identified below.

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 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:
SMART Child and Family Services
P.O. Box 1360
Windham, ME 040621360

My date of birth: _____

Other names I have been known by:
(including maiden name)

Client's Signature

Date

Address

Initial Release Form

Mail to: Child Protective Intake Unit, Records Search, SHS 11, Augusta, ME 04333

BCFSCP-082