Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011

Tel.: (207) 624-7900; Toll Free: (877) 680-5866 TTY: Dial 711 (Maine Relay); Fax: (207) 287-5065

AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION

Agency/Provider to receive this information:

Bob McDermott Roman Catholic Diocese 510 Ocean Avenue Portland, ME 04103-4936	
	, authorize the Maine Department of Health and Human Services to release arly) confidential information to the above agency regarding whether or not I have been for Maine Child Protective Services case.
I understand that:	
Clearance that you rec not be responsible for omitted from this form.	nly conduct a search based on the information provided in this form. The CPS eive will only be accurate with regard to the name(s) provided. The Department will any information regarding the subjectP of this Clearance if names are missing or Please ensure all current and former names are listed in their entirety.
	evoked by me in writing at any time, except for information that has already been contact Child Protective Intake at 1-800-452-1999 x2.
 This information will be 	e used as part of the above agency's assessment of my suitability to provide services
for children and familie	
	ject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008. upon the disclosure of the information as authorized.
	PLEASE DO NOT LEAVE ANY SPACES BLANK
DATE OF BIRTH:	ALIASES (including maiden):
SIGNATURE:	DATE:
MAINE ADDRESS:	
	IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT→ Updated 2020
RESULT BELOW (To be completed by DHHS):
As of State of Maine.	_, this person has no substantiated findings of Child Abuse or Neglect in the
DHHS, OCFS, Backgr	ound Check Unit Staff

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