

## PHILLY KIDZ CONTRACTOR PACKET

1. A printer copy of your driver's license, in color preferred.
2. Diplomas, Bachelor's Degree and transcripts from an accredited college or university, attesting to child education/child care hours and credits completed.
3. Two (2) character letters that attest to your work history with children and your ability to teach. They cannot be from people related to yourself.
4. Any current emergency training certifications in first aid, and expiration dates.
5. **Please register for an account at**  
<https://extension.psu.edu/programs/betterkidcare>
6. **CCDBG Health and Safety Training Certificate must be obtained at**  
<http://extension.psu.edu/youth/betterkidcare/on-demand>
7. **Must obtain a Certificate of Completion from** [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu)  
**Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania free online course**
8. **Child Abuse Clearance** [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)
9. **PA Criminal Clearance** <https://epatch.state.pa.us>
10. **FBI Clearance** <https://uenroll.identogo.com>  
(applicants must pre-register and pay online and then physically get fingerprinted at one of the designated fingerprinting locations. Your code is **1KG738** )
11. **NSOR Clearance** [keepkidssafe.pa.gov](http://keepkidssafe.pa.gov).
12. **New Staff Orientation Training Certificate**  
<https://extension.psu.edu/programs/betterkidcare/lessons/nsos>

**All Items attached need to be filled out and returned**  
**[phillykidzinitiative@gmail.com](mailto:phillykidzinitiative@gmail.com) or faxed to 215-434-0688.**

**With any questions regarding this packet, please contact**  
**Mark Ingerman at 215-378-9700.**

# DAY CARE STAFF DATA SHEET

NAME OF DAY CARE FACILITY: <b>PHILLY KIDZ INITIATIVE</b>	SATELLITE SITE:
YOUR NAME:	DATE OF BIRTH:
ADDRESS:	TELEPHONE NO.:

EDUCATION	
NAME OF HIGH SCHOOL:	GRADE COMPLETED:
ADDRESS:	DATE COMPLETED:
NAME OF COLLEGE:	SEMESTER HOURS COMPLETED:
ADDRESS:	DEGREE EARNED:
PLEASE ATTACH TRANSCRIPT	

EMPLOYMENT EXPERIENCE		
Please list your three most recent employers, dates of employment, and describe the type of work you performed. Continue on the reverse side if necessary.		
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START:                      END:	JOB DESCRIPTION:	TITLE:
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START:                      END:	JOB DESCRIPTION:	TITLE:
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START:                      END:	JOB DESCRIPTION:	TITLE:

PRESENT POSITION	
In the spaces below, please complete information regarding the position for which you are applying or for which you have been hired:	
<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> GROUP SUPERVISOR
<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> ASSISTANT GROUP SUPERVISOR
<input type="checkbox"/> AIDE	<input type="checkbox"/> FOOD SERVICE
<input type="checkbox"/> OTHER	
IF OTHER, PLEASE SPECIFY:	DATE YOU CAN START:
DAYS OF WEEK YOU WILL BE AVAILABLE FOR WORK:	HOURS OF THE DAY YOU WILL BE AVAILABLE FOR WORK:

\_\_\_\_\_  
SIGNATURE OF APPLICANT/EMPLOYEE \_\_\_\_\_  
DATE SIGNED

**\*FOR EMPLOYER'S USE:** Employee's starting date in a child care position

MO.	DAY	YEAR

# CHILD CARE EMPLOYMENT VERIFICATION FORM

**AUTHORIZATION:**

To Whom It May Concern:

I hereby authorize you to provide any information in your possession regarding my job performance, length of employment and character to: PHILLY KIDZ INITIATIVE LLC

**Employee's Signature:** \_\_\_\_\_

**VERIFICATION:**

Name of Employee: \_\_\_\_\_ SSN \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

1. Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
(month/year) (month/year)

2. Number of Hours Worked per Week: \_\_\_\_\_

3. Position Title: \_\_\_\_\_

4. Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

5. Additional Comments (optional): \_\_\_\_\_

Verifier's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Total Hours per week \_\_\_\_\_ x 4.33 weeks per month = \_\_\_\_\_

Total hours per month \_\_\_\_\_ x \_\_\_\_\_ no. of months = \_\_\_\_\_

Total hours \_\_\_\_\_ ÷ 1250 hrs/years = \_\_\_\_\_ years



# CHILD CARE STAFF HEALTH ASSESSMENT

(55 Pa. Code §§3270.151, 3280.151 and 3290.151)

<b>NAME OF PERSON EXAMINED (Please print)</b>	<b>REASON FOR EXAMINATION</b> <input checked="" type="checkbox"/> Initial employment in child care <input type="checkbox"/> Biennial re-examination
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## THIS SECTION TO BE COMPLETED BY EMPLOYER

This physical examination is for the purpose of employment in a child care facility. The types of activities this individual will be doing are as follows (please check all that apply):

<input type="checkbox"/> Lifting, carrying children	<input type="checkbox"/> Desk work	<input type="checkbox"/> Other – describe below:
<input checked="" type="checkbox"/> Close interaction with children	<input type="checkbox"/> Driver of vehicle(s)	
<input type="checkbox"/> Food preparation	<input type="checkbox"/> Facility maintenance	

## THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)

**1. DID YOU CONDUCT A PHYSICAL EXAMINATION?**     YES     NO

The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above.) Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.

**2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES?**     YES     NO

If yes, attach separate sheet(s) to describe the conditions and the risk it might pose to others exposed to this individual.

**3. BASED ON YOUR FINDINGS FOR #1 AND #2 ABOVE AND OTHER INFORMATION GATHERED DURING YOUR EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE?**     YES     NO

**IF YOU ANSWERED "NO" TO QUESTION #3,** please list any information regarding this individual's medical condition or other information gathered during your examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach separate pages as needed.

DATE	SIGNATURE	TITLE
TELEPHONE NO.	PRINTED NAME	
ADDRESS		

## TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX OR INTERFERONGAMMA RELEASE ASSAY BLOOD TEST METHOD

Please note: The child care facility regulations require tuberculosis testing by Mantoux method or the interferongamma release assay (IGRA) blood test at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician's assistant, CRNP, the Department of Health or a local health department.

<b>MANTOUX TEST DATE:</b>	<b>RESULTS:</b> <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<b>IF SKIN TEST IS POSITIVE:</b>	<b>REPORT OF CHEST X-RAY</b> (Please attach an official radiology report)
	<b>DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**Please note:** For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test or blood test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days.

**APPENDIX E: CHILD CARE STAFF HEALTH ASSESSMENT**

Employer should complete this section.

Name of person to be examined: \_\_\_\_\_

Employer for whom examination is being done: PHILLY KIDZ INITIATIVE LLC

Employer's location: 2000 BOWLER ST, PHILA, PA 19115 Phone number: 215-378-9700

Purpose of examination:  preemployment (with conditional offer of employment)

annual reexamination

Type of activity on the job:  lifting, carrying children  close contact with children  food preparation

desk work  driver of vehicles  facility maintenance

**Parts I and II must be completed and signed by a licensed physician or certified registered nurse practitioner.**

*Based on a review of the medical record, health history, and physical examination, does this person have any of the following conditions or problems that might affect job performance or require accommodation?*

Date of examination: \_\_\_\_\_

**Part I: Health Problems**

(circle)

Visual acuity less than 20/40 (combined, obtained with lenses if needed)?	yes	no
Decreased hearing (less than 20 dB at 500, 1,000, 2,000, 4,000 Hz)?	yes	no
Respiratory problems (asthma, emphysema, airway allergies, current smoker, other)?	yes	no
Heart, blood pressure, or other cardiovascular problems?	yes	no
Gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)?	yes	no
Endocrine problems (diabetes, thyroid, other)?	yes	no
Emotional disorders or addiction (depression, drug or alcohol dependency, difficulty handling stress, other)?	yes	no
Neurologic problems (epilepsy, Parkinson disease, other)?	yes	no
Musculoskeletal problems (low back pain, neck problems, arthritis, limitations on activity)?	yes	no
Skin problems (eczema, rashes, conditions incompatible with frequent hand washing, other)?	yes	no
Immune system problems (from medication, illness, allergies, susceptibility to infection)?	yes	no
Need for more frequent health visits or sick days than the average person?	yes	no
Dental problems assessed in a dental examination within the past 12 months?	yes	no
Other special medical problem or chronic disease that requires work restrictions or accommodation?	yes	no

**Part II: Infectious Disease Status**

The following immunizations are due/overdue per recommendations for adults in contact with children. Include those listed as follows and any others currently recommended by the Centers for Disease Control and Prevention at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines):

Tdap (once, no matter when the most recent Td was given)	yes	no
MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957)	yes	no
Polio (OPV or IPV in childhood)	yes	no
Hepatitis B (3-dose series)	yes	no
Varicella (2 doses or had the disease)	yes	no
Influenza	yes	no
Pneumococcal vaccine	yes	no
Other vaccines _____		
Female of childbearing age susceptible to CMV or parvovirus who needs counseling about risk?	yes	no
Evaluation of TB status shows a risk for communicable TB?	yes	no

Check test used.  Tuberculin skin test (TST)  Interferon gamma release assay (IGRA) test

Test date \_\_\_\_\_ Result \_\_\_\_\_

The results and appropriate follow-up of a tuberculosis (TB) screening, using the TST or IGRA, is required once on entering into the child care field with subsequent TB screening as determined by history of high risk for TB thereafter. Anyone with a previously positive TST or IGRA who has symptoms suggestive of active TB should have a chest x-ray. All newly positive TB skin or blood tests should be followed by x-ray evaluation.

Please attach additional sheets to explain all "yes" answers. Include the plan for follow-up.

MD  
DO  
CRNP

DATE	SIGNATURE	PRINTED LAST NAME	TITLE
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Phone number of licensed physician, physician assistant, or certified registered nurse practitioner:

\_\_\_\_\_

I have read and understand this information.

DATE	PATIENT'S SIGNATURE
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# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>																
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>3</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup>List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup>Circle the minor's name and furnish the minor's SSN.

<sup>3</sup>You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup>List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.





CHILDLINE AND ABUSE REGISTRY  
P.O. BOX 8170  
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM  
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

I, ( \_\_\_\_\_ ), hereby authorize the PA Department of Human Services, ChildLine to  
Applicant's Name  
release my Pennsylvania Child Abuse History Clearance information directly to ( PHILLY KIDZ INITIATIVE LLC ).  
Name of Requesting Agency

I understand that this information is 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 is not otherwise to be released by ( PHILLY KIDZ INITIATIVE LLC ) without my expressed authorization or pursuant to Section 3490.126 of  
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held criminally liable for a breach of confidentiality related to release of this information. **I also understand that the aforementioned information will not be released directly to me ( \_\_\_\_\_ ) as stated**  
Applicant's Name  
**on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy of my Pennsylvania Child Abuse History Certification directly from ChildLine;** however, I may request a copy of my Pennsylvania Child Abuse History Certification from ( PHILLY KIDZ INITIATIVE LLC ) upon written request.  
Name of Requesting Agency

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 Certification application as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database 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 certification result(s) to:

Agency Name: **PHILLY KIDZ INITIATIVE LLC**  
Agency Street Address: **2000 BOWLER STREET**  
Agency City, State, Zip Code: **PHILADELPHIA, PA 19115**

\_\_\_\_\_

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.**

**5/22/2020**  
\_\_\_\_\_

Date



Agency's Representative Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15



**DISCLOSURE STATEMENT**  
**APPLICATION FOR EMPLOYMENT, INCLUDING PROVISIONAL EMPLOYMENT**  
**Required by the Child Protective Service Law**

**23 Pa. C.S. Section 6344 (relating to employees having contact with children; adoptive and foster parents)**

I swear/affirm that, if being hired on a provisional basis, I have applied for certification through ChildLine, the Pennsylvania State Police, and the Federal Bureau of Investigation and am submitting a copy of the appropriate completed request forms to the employer, administrator, supervisor or other person responsible for employment decisions.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from employment as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.

I understand that if I am being hired on a provisional basis, I am not permitted to work alone with children and must work in the immediate vicinity of a permanent employee during this provisional employment period.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.

I understand that certifications obtained for employment purposes may be used to apply for employment, serve as an employee, apply to volunteer and serve as a volunteer.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: MARK INGERMAN Signature: 

**If the employee is a minor:**

Parent/Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.  
 Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**  
<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

**FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:  
 PENNSYLVANIA STATE POLICE  
 CENTRAL REPOSITORY – 164  
 1800 ELMERTON AVENUE  
 HARRISBURG, PA 17110-9758  
  
 Local Number 717-425-5546  
 1-888-QUERYPA (1-888-783-7972)  
**DO NOT SEND CASH OR PERSONAL CHECK**

**CHECK ONE BLOCK**

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:  
 "COMMONWEALTH OF PENNSYLVANIA"  
 THE FEE IS NONREFUNDABLE

FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
		SEX
		RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

**REASON FOR REQUEST: All requests \$10.00**  
**\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA\*\*\***  
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

**INTERNATIONAL ADOPTION** - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC)   | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT                        |
| <input type="checkbox"/> ATTORNEY              | <input type="checkbox"/> FOSTER CARE          | <input type="checkbox"/> PRIVATE INVESTIGATIONS          |
| <input type="checkbox"/> BANKING               | <input type="checkbox"/> HEALTHCARE           | <input type="checkbox"/> SOCIAL SERVICES                 |
| <input type="checkbox"/> BAR ASSOCIATION       | <input type="checkbox"/> HOUSING              | <input type="checkbox"/> TENANT CHECK                    |
| <input type="checkbox"/> CHURCH                | <input type="checkbox"/> INSURANCE LICENSE    | <input type="checkbox"/> VISA                            |
| <input checked="" type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH        | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION             | <input type="checkbox"/> NURSE AID TRAINING   | <input type="checkbox"/> VOLUNTEER                       |
| <input type="checkbox"/> ELDER CARE            | <input type="checkbox"/> OTHER _____          |  |
| <input type="checkbox"/> EMERGENCY MANAGEMENT  |   |  |

**ACCESS & REVIEW** - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.**

## PURPOSE OF CERTIFICATION (Check one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Foster parent<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input checked="" type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate *<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">           _____<br/> <small>SIGNATURE OF OIM/CAO REPRESENTATIVE</small> </div> <div style="width: 45%; text-align: center;">           _____<br/> <small>OIM/CAO PHONE NUMBER</small> </div> </div> |
|--|--|

AGENCY/ORGANIZATION NAME:	PAYMENT AUTHORIZATION CODE, IF APPLICABLE:
---------------------------	--

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

## CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		



# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)			
Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #



# INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

## General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

## Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
  - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
  - (2) An area vocational-technical school.
  - (3) A joint school.
  - (4) An intermediate unit.
  - (5) A charter school or regional charter school.
  - (6) A cyber charter school.
  - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
  - (8) A private school accredited by an accrediting association approved by the state Board of Education.
  - (9) A non-public school.
  - (10) An institution of higher education.
  - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
  - (12) The Hiram G. Andrews Center.
  - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
  - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
    - A youth camp or program;
    - A recreational camp or program;
    - A sports or athletic program;
    - A community or social outreach program;
    - An enrichment or educational program; and
    - A troop, club, or similar organization
  - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
  - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
  - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

### Fingerprint Service Code Form

**Service Name: Child Care Services/Program Employee or Contractor**

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

1KG738

*Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.*

**Please bring one of the identification documents from the list below to your enrollment appointment.**

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**



## APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

### Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring.
- Individual working for a Regulated Child Care Provider.
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Volunteer of a child-care provider, group-daycare home or family child care home.

### Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number (XXX-XX-XXXX): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Daytime Phone Number (XXX-XXX-XXXX): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Include full street address, (Apt # or PO Box if applicable),

\_\_\_\_\_ City, State and Zip Code

E-mail Address: \_\_\_\_\_

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_