

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:

Human Resources Director  
Catholic Charities of Maine  
P.O. Box 10660  
Portland, ME 04104

Agency ID#: **58**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
(Please print clearly)  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine; a postage paid return envelope is enclosed.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person has no substantiated findings of Child Abuse or Neglect in the  
State of Maine.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Staff

**IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT→**

Updated 2020