



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

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
 Child and Family Services
 2 Anthony Avenue
 11 State House Station
 Augusta, Maine 04333-0011
 Tel. (207) 624-7900
 Fax (207) 287-5282; TTY (800) 606-0215

INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID#: 975

AGENCY NAME: Roman Catholic Diocese of Portland

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:

Thom Meschinelli
 Roman Catholic Diocese of Portland
 P.O. Box 11559
 Portland, ME 04104-7559

My date of birth: _____
 (Confidentiality laws prohibit providing information on individuals under 18.)

 Other names known by, including maiden.

 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.



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Thom Meschinelli
 Roman Catholic Diocese of Portland
 P.O. Box 11559
 Portland, ME 04104-7559

1. Name of Subject of child protective records research: _____
2. Date of Birth: _____
3. Others names known by: _____
4. Today's Date: _____

Only the above four lines of this form should be completed by the individual who is the subject of this child protective records research request. This form should accompany the completed Initial Release 082 Form.

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person. You included the \$15.00 fee per person, payable to the Treasurer, State of Maine.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our child protective case records file found that:

- This person was not involved in a substantiated child protection case.
- Research of our child protective case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will need a subsequent release. This must be on the Department's (OCFSCP-084) Secondary Release Form (***COPY ENCLOSED***) to authorize release of confidential child protective services case records information.
- The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section §4008. Any unlawful dissemination is a class E Crime, punishable by a fine of not more than \$500.00 or by imprisonment for not more than 30 days.

If you have any questions about this information please call 1-800-452-1999 x2.

Sincerely,

Child Protective Intake Unit

OCFSCP-083 Findings Form
 Updated 3/24/11