



CHR

Application for Enrollment in the Criminal History Registry

This CHR-601 application form is to be used to apply for:

- A new enrollment in the Criminal History Registry, or
- To renew or reopen a previously issued Criminal History Registry enrollment

Requirements

You must be enrolled in the Criminal History Registry if you are 18 years or older and:

- The owner, operator, employee, or volunteer of a program regulated by the Child Care Division (CCD).
- The operator, employee, or volunteer of an Oregon pre-kindergarten or federal Head Start program.
- A contractor or an employee of a contractor who provides early childhood special education or early intervention services.
- A provider or resident of a registered or certified family home.
- A substitute, regular visitor, or an individual who has unsupervised contact with children in a regulated facility or home.

Upon approval for enrollment in the Criminal History Registry, your status in the Registry will be valid for a period of two (2) years. 120 days prior to your expiration date, a renewal application will be mailed to the address on file with the Division. **IMPORTANT:** It is your responsibility to notify CCD in writing of an address or phone number change during your two year enrollment period, so we may update information. Please include your Criminal History Registry enrollment number with all correspondence to the Division.

Fingerprints Required

An FBI check is required in the following situations:

- Applicant has lived outside the state of Oregon in the last 18 months.
- An Oregon State Police computerized criminal history check indicates a multi-state offender status.
- The Division has obtained information that you have committed a crime in another state.

Application Checklist

Before submitting the Criminal History Application to the Division, review your application and make sure all information is complete. **Failure to complete application will result in a delay in processing.**

- Completed and signed application
- \$3.00 non-refundable application fee** (check or money order, do not send cash) made payable to the Child Care Division
- Form CO-512 (Statement of no Social Security Number) (if applicable)
- Written explanation and documentation for responses to criminal history portion of application (if applicable)

Send completed, signed application and fee to:

**Child Care Division Unit 22
PO Box 4395
Portland OR 97208-4395**

If you have questions, please call the Child Care Division at 1-800-556-6616 or 503-947-1400 or visit our website at www.childcareinoregon.org for information.

See instructions on the other side – "How to complete the application form CHR-601"

How to Complete the Application for Enrollment in the Criminal History Registry Form (CHR-601)

NOTE	Refer to this sheet as you fill out each section of the Criminal History Registry application, CHR-601. Your application will be considered incomplete if the fee or any information is missing. An incomplete application will be returned to you and may delay the processing of your application.
SECTION 1	Indicate what type of application you are submitting. If you are renewing or reopening your Registry enrollment number with the Division, please include this number in the space provided at the top of the application. If you are unable to locate your Registry enrollment number, you may contact the Division at 1-800-556-6616 for more information.
SECTION 2	The processing fee for the CHR-601 application is \$3.00 check or money order. Please do not send cash. This processing fee is non-refundable.
SECTION 3	Please include all applicable information in Section 3 of form CHR-601, including the Social Security Number. The SSN is required for processing. If you do not have a SSN, please include form CO-512 (Statement of No Social Security Number) with your application. You may download it from our web site at www.childcareinoregon.org . If you do not have access to the internet, you may contact the Division at 1-800-556-6616 to request the form.
SECTION 4	Please select only one language. If you check "other", specify the language and/or dialect. The Division uses a language line for verbal communication. However, be advised not all printed materials are available in other languages.
SECTION 5	Use this box if you are not currently applying for a specific child care facility, but you wish to be enrolled in the registry for future employment. FOR RENEWAL APPLICATIONS: if you are not currently employed by a CCD licensed facility or the Division does not have a record that you have been linked to a registered, certified, or other authorized early childhood care and education program during the previous two years, we are not authorized to process your registry enrollment application.
SECTION 6	Check one or more of the boxes in Section 6 if you are currently employed by, volunteering for, substituting, or residing in a licensed facility or other authorized early childhood care and education program. Please fill in all the information completely for each facility you work for or are associated with. Use additional pages if needed. The information about each facility is important to ensure our records are accurate.
SECTION 7	If you answered yes to this question, the Division may send you a fingerprint packet with instructions. There will be an additional cost for the fingerprinting process. See page 1 of this form "Fingerprints Required" for additional information.
SECTION 8	If you answered yes to either question in this section, please read section labeled "important" on the application for further instructions.
SECTION 9	An original signature is required in order to process this application.



CHR

Amount Paid:

Audit No:

Date Paid:

Application for Enrollment in the Criminal History Registry

Section 1: Application Type

Application type options: New, Renewal Enrollment #, Reopen Enrollment #

Section 2: \$3.00 Non-Refundable Fee

Include a \$3.00 check or money order (do not send cash) made payable to the Child Care Division for enrollment in the Criminal History Registry.

Section 3: Application Information (please use blue or black ink and print clearly)

Form fields for personal information: Last Name, First Name, Middle Name, Date of Birth, Gender, SSN, Other Names Used, Street Address, Mailing Address, City, State, Zip, Phone, Drivers License Number, Issuing State, County of Residence.

Section 4: Preferred Language (not all materials are available in other languages)

Language options: English, Spanish, Russian, Vietnamese, Chinese, Other (specify)

Section 5: NOT Currently Employed or Associated with a Licensed Child Care Facility

Employment status options: Registered or Certified Family Child Care Home, Seeking Employment in a Child Care Facility

Section 6: Currently Employed or Associated with a Licensed Child Care Facility

Employment facility options: Registered Family Child Care Home, Certified Child Care Center, Certified Family Child Care Home, Head Start, Pre-Kindergarten, Parent-as-Teacher, Early Intervention or Early Childhood Special Ed. program funded by the OR Dept. of Education

Facility information fields: Name of Facility, CCD Facility License No, Phone No of Facility, Site Address, Employment Position

Check here if you are employed by more than one child care provider or facility. Use an extra page to provide their names, addresses, phone numbers, license numbers and employment positions.

Section 7: Residence

Have you lived outside Oregon anytime during the last 18 months prior to today's date? Yes/No

Section 8: Criminal Background (use additional sheets if necessary)

Criminal background questions: Have you ever been convicted of any crime (Misdemeanors or Felonies)? Have you been arrested or cited for a crime that has not been resolved, or are you in a diversion program? Yes/No

Important: If you answered yes to either of the criminal background questions listed above, please list the specific crime(s) on a separate piece of paper. Describe the circumstances surrounding the crime(s), including associated legal or court proceedings, and a description of any personal changes you have made to address the issues that led to the crime(s). You must indicate the year and state in which the crime(s) occurred.

Section 9: Authorization Statement

I have reviewed and completed this form. I give CCD permission to verify any and all information I have provided on this form and attached documents, if any. By my signature, I swear or affirm that all the information provided on this form is, and any attachments hereto are true and accurate. I understand that by signing this form, I authorize CCD to obtain information about me (if applicable) from the Federal Bureau of Investigation, law enforcement agencies, courts and child protective services. I also consent to be fingerprinted if necessary. I understand that I must pay additional fees if fingerprinting is required. I authorize CCD to use my social security number as an identification number for background checks.

Signature: X Date:

For CCD Representative To Complete

Table with columns: Run Date/Initials, Pending?, Approved Date/Initials. Rows: CPS, LEADS, FBI (Prints Rec'd Date), Cond Enr Date, Date of Final Approval, Deny Date, W/draw Date.

Mail completed, signed application and fee to: Child Care Division Unit 22 PO Box 4395 Portland OR 97208-4395