

Initial Review Date:	
Renewal Date:	
Renewal Date:	

Note: New background check must be resubmitted for determination of suitability every five (5) years.

COVERED INDIVIDUAL INFORMATION

STATUS: Staff Consultant Contractor Trainee Volunteer Teacher Other

NAME: _____

_____ Date Fingerprint Results Received
 _____ Date Sex Offender/Child Abuse Registry Results Received
 _____ Date Criminal History Registry Results Received
 _____ Locations Searches _____
 _____ Date Determination Made
 _____ First Date of Work (under the grant funded project)

SUITABILITY TO INTERACT WITH MINORS DETERMINATION

Consider the required gathered information, all applicable state, federal, and tribal laws, and (**agency name**)’s written policies and procedures. In particular, an individual is **not** suitable to interact with participating minors in the course of activities under the grant award if the covered individual answers “YES” to any of the following:

To the knowledge of (**agency name**), the applicant is not suitable to interact with minors if the applicant answers “YES” to any of the following:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Withholds consent to a criminal history search; |
| <input type="checkbox"/> | <input type="checkbox"/> | Knowingly makes (or made) a false statement that affects, or intended to affect, any search required by (**agency name**); |
| <input type="checkbox"/> | <input type="checkbox"/> | Is listed as a registered sex offender in the Dru Sjodin National Sex Offender public website; |
| <input type="checkbox"/> | <input type="checkbox"/> | To the knowledge of (**agency name**), has been convicted (whether as a felony or misdemeanor) under federal, state, tribal, or local law of any of the following: <ul style="list-style-type: none"> • Sexual or physical abuse, neglect, or endangerment of an individual under the age of 18 at the time of the offense; • Rape/sexual assault, including conspiracy to commit rape/sexual assault; • Kidnapping; • Voyeurism |
| <input type="checkbox"/> | <input type="checkbox"/> | Is determined by a federal, state, tribal or local government agency not to be suitable. |

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant been determined to be suitable for contact with minors?

Authorizing Signature: _____ **Date of Determination:** _____