



John Elias Baldacci
Governor

Brenda Harvey
Commissioner

**MAINE DEPARTMENT OF HEALTH HUMAN SERVICES
INITIAL RELEASE AUTHORIZATION FOR
MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH**

AGENCY ID # : 872

AGENCY NAME: Maine District Church of the Nazarene

I, _____, authorize release of confidential information by
(Please print clearly)
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.

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:

John Grant
Maine District Church of the Nazarene
23 Motley Street
Portland, ME 04102

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

Other names I have been known by, including maiden name.

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.