DATE: _____ COUNTY: _____

NAME: _____, _____, _____

Last Name (printed) First Name (printed) Middle Name (printed)

► Wyoming Citizen Review Panel ◄

Child and Family Services Reviewer Application

Wyoming is the only state in the nation to team a Department of Family Services (DFS) employee and a citizen to review consented DFS cases. The review involves much more than just looking at a DFS case file. Reviewers interview all of the parties involved in the case looking a various systemic issues as well; the review is conducted around an instrument that contains 23 items in the broad areas of safety, permanency and well being. Training is typically conducted on Monday morning and the review starts on Monday afternoon. The review concludes with a debriefing on Wednesday morning. The next series of reviews then start on Wednesday afternoon. You do not have to commit to more than one review so typically the process would involve 2 ½ days of your time, but you may choose to do both series of reviews spanning the entire week. This is a very important process to Wyoming; statistical results are made available to the local DFS office on Friday of the review week. A report of the "story" behind the data is then generated by the Citizen Review Panel and sent to the local DFS office within four to six weeks of the review. Trends noted in those reports are then compiled into the Citizen Review Panel's annual report; past annual reports can be viewed at http://wycrp.org.

Address: _____
Street Address Town State Zip

Phone: _____
(Home) (Work) [Cellular]

Email: _____

Current Place of Employment: _____

Job Title: _____ **Length of Employment**: _____

▪ **Please list any professional licenses or certifications you have, the issue date and if they are current:**

▪ **Please state why your personal and professional experience and interests qualifies you for consideration as a citizen reviewer:**

▪ **Please list any business, professional, civic, or fraternal organizations of which you are a current or past member:**

▪ **Are you currently serving on a government board or commission? Yes_____ No_____**
If "Yes," please list the name(s) of the board(s) or commission(s).

▪ **Have you ever served as a citizen reviewer? Yes _____ No _____**
If "Yes," please list the dates and locations served.

▪ I would like to participate in the following Review(s) (d*ates and locations are available at http://wycrp.org and typically included with this document):*

_____

▪ I have filled out a SS-26 Form (*Wyoming Central Registry and Criminal History Prescreen/pages 3 and 4 of this application*) and have submitted it with this application.

▪ I understand the responsibilities of being a citizen reviewer and that I will be asked to sign a confidentiality statement prior to participating in a review.

Signature: _____ **Date:** _____/_____/_____

Note: You are not required to answer the following questions. However, they are asked so that the Panel may reflect the demographics of Wyoming as required by law.

Race: (*please check one below*)
____ African-American
____ American Indian
____ Asian
____ Alaskan Native/Pacific Islander
____ Euro-American
____ Hispanic
____ Other (*please describe*) _____

Gender: (*please check one below*)
____Male ____Female

Disabled: (*please check one below*)
____ Yes ____ No (*If "Yes," explain needed accommodations*)

Please return the completed printed or typed application to the address below:

Wyoming Citizen Review Panel, Inc.
PO Box 1504
Cheyenne, WY 82003-1504

If you need further information or assistance with this application, please call (307) 632-0032 or email wycrp@wycrp.org. You may also fax a completed application to (307) 632-1591 or download this form at http://wycrp.org, fill it out and email it to wycrp@wycrp.org as an attachment.

Office Use Only	**Received:** _____ ☐ **Accepted** ☐ **Declined**
	Comments:

APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY SCREENS AND WYOMING CRIMINAL HISTORY RECORD PRESCREENS

Please complete below (print clearly).

Person Being Screened: _____
Name of Person Within Requesting Facility: Glennda Lacey
Name of Facility, Organization or Agency: DFS
Mailing Address: 130 Hobbs Ave.
Cheyenne, WY 82009
Phone Number: (307) 777-8914 Fax Number: (307) 777-3693

Purpose of Screening (Department of Family Services and Child Care Facilities ONLY):

Child Care Subsidy Program: _____ Adoption: _____
Child Care Licensing: _____ Foster Care: _____
24 Hour Substitute Care Certification: _____ DFS Employment: _____
Other: Citizen Review Panel: XXXXXX

Volunteer, prospective employee or an employee who has or may have unsupervised access to minors or disabled adults may be screened.

Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM THE DATE SIGNED.

NOTE: Central Registry Screens and Criminal History Record Prescreens are specific to the State of Wyoming.

For DFS office use only. Date Completed: _____ **Ref #:** _____

Check #: _____ **MO #:** _____

Listed on the DFS Abuse/Neglect central registry: YES ☐ **NO:** ☐

DCI criminal history prescreen: No Disqualifying information: ☐

You may consider having a complete criminal history background check: ☐
Instructions for requesting a DCI criminal history records check enclosed: ☐

Kathy Garcia _____ **Christian Smith** _____
Central Registry Specialist **Supervisor/Manager 3**

STATE OF WYOMING SS-26
DEPARTMENT OF FAMILY SERVICES 02/14/05
DIVISION OF JUVENILE SERVICES Page 3 of 4

AUTHORIZATION OF RELEASE
OF CHILD OR DISABLED ADULT WYOMING CENTRAL REGISTRY
AND CRIMINAL HISTORY PRESCREEN RECORD INFORMATION

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record prescreen to check for abuse, neglect and exploitation of children or disabled adults or crimes against the person(s) or property. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated criminal or abuse activities may be grounds for termination of employment. **AUTHORIZATION IS VALID FOR 30 DAYS FROM THE DATE SIGNED.**

(Please print or type)

Full Legal Name:

Maiden Name: Aliases:

Social Security Number: Date of Birth:

Ethnicity: Asian Caucasian Black Sex: Male Female
Hispanic Native Am. Other

Current Address:

Phone: ( )
City State Zip

List All Addresses for past ten (10) years:

"Voluntarily" List Names of your Children (This information assures accuracy of the screen.):

In the course of my duties, I will have unsupervised access to (check as many as apply):

Children: Yes ☐ No ☐ Disabled Adults: Yes ☐ No ☐

Both Children and Disabled Adults: Yes ☐ No ☐

(Employee's, Prospective Employee's or Volunteer's Signature) Date (Valid for 30 days)