



Mayor Anthony G. George



pennsylvania
OFFICE OF OPEN RECORDS

RIGHT-TO-KNOW REQUEST FORM

DATE SUBMITTED: 12/7/17

REQUEST SUBMITTED BY: E-MAIL

NAME OF REQUESTOR: FL United Methodist Children's Home

STREET ADDRESS: 51 Children's Way

CITY/STATE/COUNTY (Required): Enterprise, FL 32725 (Volusia County, FL)

TELEPHONE (Optional): 386-738-3663 Shalon Chambers

RECORDS REQUESTED:

*Provide as much specific detail as possible so the agency can identify the information.
See attached

DO YOU WANT COPIES? YES

DO YOU WANT TO INSPECT THE RECORDS? NO

RIGHT TO KNOW OFFICER: _____

DATE RECEIVED BY AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____

*FORWARDED TO R-T-K OFFICER BY: _____

(to be filled out by city official who received the request)

****NOTE: PLEASE BRING REQUEST DIRECTLY TO THE CITY'S OPEN RECORDS OFFICE OR FAX IT TO 570-208-4153 (do not place in office mailbox)**

*****Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is being sought or the intended use of the information unless otherwise required by law (Section 703.)**



FLORIDA UNITED METHODIST
CHILDREN'S HOME®

FOSTER CARE

The Foster Care Program of the Florida United Methodist Children's Home requests that you complete a 911/call out address check and local criminal history report for the following candidate(s) for foster care licensure in accordance with Florida Statute 65C-13.023.

Please search records at the address below from **1/1/2012** - present:

Address: **250 Swanson Road
Wilkes-Barre, PA 18702 (Luzerne County)**

Local Criminal History Report:

Name: **Irene Ann Nielsen**
Social Security Number: 164-60-6709
Date of Birth: 05/17/69

Name: **John David Nielsen**
SS#: 166-66-5795
DOB: 07/06/69

Please return findings to:

Shalon Chambers
386-259-9534 fax or
Shalon.chambers@fumch.org

Florida United Methodist Children's Home
591 Jacob Brock Avenue
Enterprise, Florida 32725
386-738-3663 Office

Thank You

Florida United Methodist Children's Home
 Release of Information for Foster/Adoptive Parent Applicants

Applicant Name (Father) John D. Nielsen
 Please print

Applicant Name (Mother) Trene A. Nielsen
 Please print

I hereby authorize the Florida United Methodist Children's Home to secure information pertaining to me/my children and any other adults living in my home from the following individuals, agencies, or records for the purposes of determining my/our qualifications and appropriateness to provide foster/adoptive care. I/we also authorize the exchange of information with these organizations for the same purpose.

- Community Partnership for Children
- Department of Children and Families
- Department of Motor Vehicles
- Employment Verification/References
- Florida Department of Law Enforcement
- Florida Child Abuse Registry
- Children's Medical Services
- DHR
- Federal Bureau of Investigation
- Previous foster parent/adoption records
- Staff at each of my/our children's school
- Physician/Medical Records
- Personal References that I/we supply
- Police/Sheriff's Department
- Community Based Care of Seminole County
- Department of Social Services
- Clerk of Courts
- Other Licensing Agencies

	Identification of Household Members				
	First Name, Middle Init., Last Name	Social Security #	Date of Birth	Race	Sex
Father	John D. Nielsen	166-66-5795	07/06/1969	W	M
Mother	Trene A. Nielsen	164-60-6709	05/17/1967	W	F
Child					
Child					
Child					
Other Adult	Senna L. Smith	171-70-8239	01/24/1988	W	F

Signature of Applicant (Father) John D. Nielsen Date: 5/31/17
 Signature of other adult living in household Senna L. Smith Date: 8/31/17

Signature of Applicant (Mother) Trene A. Nielsen Date: 8/31/17
 Signature of other adult living in household _____ Date: _____