Completing an Intervention Record Check (IRC) Form

Please read the following instructions carefully before completing the form.

IMPORTANT:

- Processing time for an IRC request is up to <u>30 business days (6 weeks)</u> and will depend on the volume of requests. Please allow for this amount of time when submitting your request.
- If you are adopting through a private adoption agency, please contact the adoption agency for their appropriate form.
- You will require Adobe Acrobat Reader on your device to complete the IRC form. This form may have issues if completed on a MAC, Chromebook, or iPhone/Smartphone.
- **<u>Do not</u>** print or photograph the IRC form this digital format allows for the full IRC process to be completed electronically.
- Do not forward the form through a web link. I.e. Adobe Acrobat- message@adobe. Google Docs, etc/
- **Do not** change the form to a Word document.
- Please ensure you 'save as' and reattach the completed form to the email you will submit your request with. Adding your initials to the document name prior to saving to your desktop or a personal folder will make your completed IRC easier to locate and attach.

1. Complete the attached digital Intervention Record Check (IRC) Form (CS2687)

- Enter all your personal information name, complete address, aliases, children, DOBs, etc If Postal Code Field prevents entering add to either address or city field.
- List the organization & type of position you are applying for (in section 2) even if you are "residing in the home" of a care provider and/or applying for a residential license and/or work in a Child and Youth Facility. I.e. School's Name & Volunteering or Agency/Employers Name & Position
- Type your name and date at the bottom of sections 1 & 2 to verify the information you provided is correct and to consent having the check completed.
- <u>Do not</u> sign sections 3 or 4, as they are for "Office Use Only".
- Please include all three pages of the IRC form.
- Please do not attach the form as a picture, app, or web link, as we are unable to open them.

2. Attach copies of two (2) pieces of current government issued identification (ID)

(In the same email as the completed IRC form)

- One <u>must be</u> a photo ID eg Driver's License, AB Identification Card, Treaty Status Card, Firearms
 License, or Passport.
- The second one can be Alberta Health Services (AHS) Card, Birth Certificate, Study Permit etc.
- <u>Unaccepted forms of ID include</u> a Social Insurance Card, School/Work ID, or expired identification.
- Make sure the copies are legible. I.e. Copies of ID are not too blurry to read.
- Please no heic files, apps, or web links as we are unable to open them.

3. Email your completed IRC form (along with two pieces of ID) to: CFS.IRCCentral@gov.ab.ca

PLEASE NOTE:

• Incomplete forms will be returned to the applicant for correction, creating delays in processing.





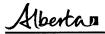
The information you provide on this form is collected under the authority of the Child, Youth and Family Enhancement Act and managed in compliance with the Freedom of Information and Protection of Privacy Act. The information will be used to search for an intervention record about you. We will not release this information for any other purpose. We will not release this information to anyone but you. You will need to provide a photo or scanned copy of your identification for verification purpose only. The copy of your identification will be deleted once the check is completed. If you have any questions about the collection of this information, you may ask the staff member who completed this form for you.

Alberta Children's Services Ministry cannot ensure that the information on this form is reliable for screening an applicant for employment. The Ministry assumes no liability arising from using this information. Anyone using the information does so at their own risk and must consider all the information provided on the back of this form.

1				Persona	Information			
My na	ame is: legal r	name of person r	equesting a record ch	eck (surname)	first name			middle name
My address is: (mailing address)						city		province AB
Posta	al Code	Phone (Resid	lence)	nce) Phone (Work)		Gender Choose one.		Birthdate (mm-dd-yyyy)
Emai	Address			J				<u> </u>
All ot	her names I h	nave used are:	other (surname and	d maiden names	used)		first na	me
Name	s, birthdates o	of all my children	n/children for whom	I have acted as	a parent (not foster o	children).(if now a	n adult, pro	ovide full name when a child
	Child's S		Child's First Name				Gender	Birthdate (mm-dd-yyyy)
						Choose	one.	
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	By clicking	this box I,					_ 1	
Ш	state that th	ne information	in this form is true t	o the best of m	y knowledge as of t	today.		Date (mm-dd-yyyy)
2			Requ	est for an Int	tervention Reco	rd Check		The second contract of
			tly with children for ntion Services in Al					
Organization Ecole Steffie Woima Elementary		Type of Position Volunteer		Organization		Type of Position		
	I am applying for a residential facility licence or to work in a Child and Youth Facility as defined in the Child, Youth and Family Enhancement Act. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and							
			(name of any o	other province, te	rritory, jurisdiction or d	country if applica	bie)	
	I reside with someone who is applying to provide care to a child who is in the care or custody of a Director as defined in the Child, Youth and Family Enhancement Act. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and							
			(name of any o	other province, te	rritory, jurisdiction or o	country if applica	ble)	
I am planning to become a choose one to a child. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the past five years I have resided in Alberta and								
			(name of any o	other province, te	rritory, jurisdiction or o	country if applica	ble)	
	I had a previous Intervention Record Check completed Date (mm-dd-yyyy)							
			an Intervention Rection or country that			and any other		Date (mm-dd-yyyy)

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	For Offic	ce Use Only							
ing the names and birthdates you									
As of today, I can find no Interintervention.	vention Services record in Albe	rta indicating that you m	light have caused a child to need						
As of today, I can find no Inte above indicating that you mlg	vention Services record in Albe ht have caused a child to need	erta or any other province intervention.	e, territory, jurisdiction or country listed						
	_		used a child to need intervention.						
There is an Intervention Servi	ces record in Type province, ter	ritory, jurisdiction or coun	try if applicable.						
indicating that you might have caused a child to need intervention. Below is a summary of your involvement up to today.									
4 Summary of Involvement									
	Enter Summary	of involvement							
me of Person who completed									
ervention Record Check									
me of Worksite									
orksite Address									
y	Province	Postal Code	Office Phone Number						
	AB								
The photo or scanned copy	of the identification of the applic	ant has been deleted.							
By clicking this box I Type:	n name of person who completed	Intervention Record Check							
l .	rd check in this form is true to the								
Determine the state of		<u></u>							
Date (mm-dd-yyyy)		Sic	nature						

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