



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Your Name  
and address  
and city, state, zip

SSN: xxx-xx-0000  
TCN: 1234567890

Your background check has been processed in accordance with the Child Protective Services Law (Title 23, Pa C.S. Chapter 63). **The following is the determination made by the Pennsylvania Department of Human Services as of 03/20/2023**

- ☒ **ELIGIBLE;** You are permitted to work or volunteer with children.  
☐ **INELIGIBLE;** You are not permitted to work or volunteer with children.

If you are questioning the accuracy of this response, please submit court documents to support your position. You may request a copy of your result from five years following receipt of verification by making a written request to the address listed below.

Respectfully,  
Clearance Verification Unit