



# DC Child Protection Register (CPR) Check Request Application

Please **type** or **print** clearly in block lettering. Sign, date and notarize where indicated. Double-check to make sure all information is complete. Allow up to **45 calendar days** for results to be processed. Expedited requests will be considered on a case-by-case basis. **Forms may be returned** if incomplete, incorrect, or we can't read your handwriting.

Date Completed		Date Re-submitted		Date Received	
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## WHAT IS THE REASON FOR THIS CHECK?

Request Purpose	<input checked="" type="checkbox"/> New Hire/Volunteer (first-time check) include the expected start date:			
	<input type="checkbox"/> Current Employee/Volunteer (renewal check) include last CPR expiration date:			
	<input type="checkbox"/> Self-check (personal use)	<input type="checkbox"/> Other:		

## WHO IS REQUESTING THE CHECK? (Results cannot be mailed to a P.O. Box)

Requestor Type	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Public School	<input type="checkbox"/> Public Charter School	<input type="checkbox"/> Childcare Provider
	<input checked="" type="checkbox"/> Non-Government Agency	<input type="checkbox"/> Private School	<input checked="" type="checkbox"/> Other:	NH Child Care Licensing

Attention To	Mychelle Brown			Title	Program Specialist
Organization	NH DHHS - Child Care Licensing Unit				
Requestor Address (City/State/Zip)	129 Pleasant Street, Concord, NH 03301				
Requestor Phone #	(603) 271-9025	Fax	(603) 271-4782	Email	CCLUnit@dhhs.nh.gov
Preferred method for receiving CPR check results		<input type="checkbox"/> Mail	<input checked="" type="checkbox"/> Fax	<input type="checkbox"/> Encrypted Email	<input type="checkbox"/> OSSE Box (DC childcare providers)

## WHO IS BEING CHECKED?

Last Name (include suffix if applicable)		First Name		Full Middle Name (write "no middle name" if there is none)	
Preferred Phone Number		Email Address			
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
Date of Birth (MM/DD/YYYY)	Social Security Number (or USCIS/Alien Registration #)			Gender (on birth certificate)	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Other Names Used (nicknames, alias, maiden name, previous married name, legal name change, etc.)					

## Household Information. List all persons living at the current address with the applicant (including students away at college).

Name (first name, middle name, last name)	Date of Birth	Relationship to Applicant

- ▶ **Applicants for employment or volunteer purposes** working in DC must include all addresses of residence, employment and where mail was received for the **last five (5) years**, for example, living on a college campus and receiving mail at parent's home.
- ▶ **Applicants for adoption, foster care, and kinship care** and living in DC must provide addresses for residency, receipt of mail and employment **from the age of 18**, per Title 29 DCMR Chapter 60 § 6009.1.
  - To calculate the starting date for previous addresses, add 18 years to the date of birth (e.g., If you were born in 1980, add 18 so addresses going back to 1998 must be provided).
  - To help obtain previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

[illegible]

CPR Check Form | obtain the latest form at <https://cfsa.dc.gov/service/background-checks> | Rev. March 2020 | Page 2 of 3

**APPLICANT CONSENT**

I hereby confirm that I have provided complete and accurate information in this application. I understand that applicants knowingly providing incomplete or false information may be subject to fines. I consent and authorize the D.C. Child and Family Services Agency to provide the Requestor (noted on page 1) information concerning me that may be contained in the Child Protection Register ("CPR").

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 Applicant Printed Name

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 Applicant Signature

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 Date
**APPLICANT IDENTITY VERIFICATION**

The applicant must select one:

<input type="checkbox"/>	A. I submitted a color copy of a government-issued photo identification document with this application
<input type="checkbox"/>	B. I presented a government-issued photo identification document in person to a CFSA employee as noted below
<input type="checkbox"/>	C. I presented a government-issued photo identification document to a notary public as indicated below

B. By signing below, I confirm that identification has been submitted which satisfactorily identifies the applicant:

Type of Government-Issued ID		<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <i>Leave this space blank for Notary seal</i> </div>
Identification #		
CFSA Employee Name (print)		
CFSA Employee Title (print)		
CFSA Employee Signature		

C. Subscribed and affirmed or sworn to me, in my presence, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ in the state of, \_\_\_\_\_

My commission expires on \_\_\_\_/\_\_\_\_/\_\_\_\_