

**CONFIDENTIAL**  
**CHILD ABUSE RECORD INFORMATION (CARI) FORM**  
STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN & FAMILIES  
OUT-OF-STATE BACKGROUND CHECK REQUEST

**PLEASE PRINT CLEARLY IN INK.** COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS AT THE BOTTOM OF THE FORM. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. SEPARATE COPIES OF THIS FORM MUST BE COMPLETED BY EACH REQUIRED APPLICANT. IF THE APPLICATION IS INCOMPLETE, IT WILL BE RETURNED.

Requesting Agency Name: NH DHHS Child Care Licensing Unit

Contact Phone Number: 603-271-9025 Print Staff Name: Mychelle Brown

Staff signature: Mychelle Brown Date: \_\_\_\_\_

Agency Address: 129 Pleasant Street, Concord, NH 03301

E-mail Address: CCLUnit@dhhs.nh.gov

**\*IF YOUR AGENCY OR FACILITY IS LICENSED BY THE STATE, PLEASE ATTACH A COPY OF THE LICENSE.\***

Print your full name (first, middle, last): \_\_\_\_\_

Previous name, maiden name or nicknames: \_\_\_\_\_

Date of name change or date of marriage: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the New Jersey State Law (P.L. 2003, C.186).

**Full names and birth dates of your child(ren) including, if any, whether living with you or not:      NOTE: If none, check this box**

Child's First Name	Middle Name	Last Name	Date of Birth

Name: \_\_\_\_\_

**Your previous New Jersey addresses and the dates you lived at each address:**

1) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

2) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

3) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

**Please check applicant type:**

\_\_\_\_\_ **Adoptive Parent**    \_\_\_\_\_ **Foster Parent**    \_\_\_\_\_ **Household Member**    \_\_\_\_\_ **Other** \_\_\_\_\_  
(explanation)

**Please check guidelines for request:**

\_\_\_\_\_ Adam Walsh Child Protection and Safety Act of 2006 (Foster/Adoptive Applicants)

\_\_\_\_\_ Hague Adoption Convention or Universal Accreditation Act (International Adoptive Applicants)

Other~Law or Statute. Please explain. CCDBG Reauthorization

\_\_\_\_\_  
\_\_\_\_\_

**\*A COPY OF THE APPLICABLE LAW OR STATUTE MUST BE PROVIDED WITH THIS APPLICATION\***

**All applicants completing this form must read the following and sign below:**

I consent to have the DCF-CARI Unit conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I hereby request and give informed consent for New Jersey Department of Children and Families to release the results of this CARI check to my agency. I release DCF, the Office of Legal Affairs, and the State of New Jersey from any liability for any adverse impact resulting from the release of the CARI check results to the agency.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All requests should be mailed to the following address:**

**[Outofstate.cari@dcf.state.nj.us](mailto:Outofstate.cari@dcf.state.nj.us)**

**Or**

Department of Children and Families-Office of Legal Affairs

CARI Unit

P.O. Box 717

Trenton, NJ 08625-0717

(855)-744-4913

**FOR CARI Unit USE ONLY**

CARI Staff Initials \_\_\_\_\_