

REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect, and to search any information systems for substantiated abuse or neglect reports and release the findings only to the requesting agency.

My reason for requesting this screening is CCDBG Child Care Employment
(Foster or adoption)

Full name _____
First Middle Last

Maiden and former names or any alias: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

List full birth name and birth date of **all** your biological children, including those that are adults.

Name (First, middle, last) Date of Birth	Date of Birth	Name (First, middle, last)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agency Name and Return Address: NH CCLU, 129 Pleasant St, Concord, NH 03301

Your Name

Your Signature Date

Street Address

Subscribed and sworn to before me, a Notary Public,

PO Box Number / Apt / Suite / Unit / Lot

this _____ day of _____, _____.

City State Zip

Notary Public Signature

CCLUnit@dhhs.nh.gov

My Commission Expires: ____ / ____ / ____

Agency return email address (if requesting results via email)

(SEAL)

YOUR SCREENING WILL ONLY OCCUR IF THIS FORM IS PROPERLY NOTARIZED.

Return completed form by mail to:
DSS-Division of Child Protection
910 E Sioux Ave
Pierre, SD 57501-2291

Or email completed form to: DSSCRS@state.sd.us