



LOCAL LAW ENFORCEMENT CHECK

New Applicant

Renewal

The individuals named below have applied to provide foster family care or to be relative caregivers. This is a request for you to review your records and forward any and all relevant information regarding their moral character, reputation, and fitness to provide care to children in the division's custody. A self-addressed stamped envelope is included for your response.

They maintain that they have lived in your city or town for the past _____ years.

CURRENT ADDRESS

Street Address: _____
 City/Town: _____ **NH** Zip Code: _____

HEAD OF HOUSEHOLD #1

Full Legal Name: _____ Date of Birth: _____
 AKA¹: _____

HEAD OF HOUSEHOLD #2

Full Legal Name: _____ Date of Birth: _____
 AKA: _____

OTHER ADULT HOUSEHOLD MEMBERS

Full Legal Name: _____ Date of Birth: _____
 AKA: _____
 Full Legal Name: _____ Date of Birth: _____
 AKA: _____

OTHER FAMILY MEMBERS IN HOME

Full Legal Name: _____ Date of Birth: _____
 Full Legal Name: _____ Date of Birth: _____
 Full Legal Name: _____ Date of Birth: _____
 Full Legal Name: _____ Date of Birth: _____

I/We agree to provide any further information, which may be required in reference to my/our past record. I/We also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records or other information pertaining to me/us, to provide to the Division for Children, Youth and Families or Child-Placing Agency any such information including documents,

¹ Also Known As: (nicknames, aliases, prior married names, maiden name, etc.)

records, or files regarding charges or complaints filed against me/us, formal or informal, pending or closed or other pertinent data and to permit the Division or any of its agents to inspect and make copies of such records.

I/We hereby release, discharge, and exonerate the Division for Children, Youth and Families, its agents and representatives, and any persons so furnishing or inspection of such documents, records or other information or the investigation made by or on behalf of the Division for Children, Youth and Families.

RELEASE TO:

Agency: _____
Name: _____ Title: _____
Address: _____
Phone Number: _____ Fax: _____ Email: _____

I hereby agree to the release of information to the Division for Children, Youth and Families, its agents and representatives

SIGNATURES

Head of Household #1: _____ Date: _____
Head of Household #2: _____ Date: _____
Adult Household Member: _____ Date: _____
Adult Household Member: _____ Date: _____



**NH CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
 NAME SEARCH AUTHORIZATION RELEASE OF INFORMATION TO THIRD PARTY**

I hereby request the NH Department of Health and Human Services (NH DHHS) to conduct a name search to determine if I am listed on the Department's Central Registry of founded reports of child abuse and neglect. My full legal name, other names I have used in the past, and other identifying information are listed below.

CURRENT FULL LEGAL NAME (please print legibly): _____

OTHER NAMES (ALIASES) I HAVE USED, INCLUDING MAIDEN NAME (if applicable): _____

DATE OF BIRTH: _____ **TELEPHONE NUMBER:** _____
 month day year

CURRENT MAILING ADDRESS: _____

I acknowledge that the results of this search can only be released to myself or a Child-Placing Agency pursuant to NH RSA 170-E, the Department of Health and Human Services pursuant to NH RSA 170-G:8-c, or another state's Child Welfare Agency or Private Adoption Agency pursuant to NH RSA 169-C:35. I understand and authorize the results of this search to be provided to the person/agency listed below if in compliance with the aforementioned laws. Any entity listed below that is not governed under these laws will not be sent the results.

PURPOSE OF THE CHECK: (For child care see form 2503. For employment purposes, please understand that NH cannot check for other than what is listed below, individuals can check their own name)

- Foster Care/Adoption
- Child Care Institutions
- Child-Placing Agency Staff
- NH DHHS Employment (including contracted positions)

I authorize the below named agency to receive the results of my registry check. I understand that the results will not be sent to me.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: (of parent if minor) _____ **DATE:** _____

Sign in the presence of a notary

NAME AND ADDRESS OF PERSON AND AGENCY TO RECEIVE RESULTS: _____

_____ *number and street name* _____ *city or town* _____ *state* _____ *zip code*

NOTARY ACKNOWLEDGEMENT

State of: _____

County of: _____

Subscribed and sworn before me on this _____ day of _____, _____ in the year _____ by _____
 (name of person being checked)

- Personally known
- Produced Identification

Signature of notary: _____

My commission expires: _____

In witness whereof I hereunto set my official seal.

For NH DCYF use only

In order to process this request please mail this form fully completed to the Division for Children, Youth and Families, DCYF Central Registry, Thayer Building, 129 Pleasant Street Concord, NH 03301.

If you enclose a self addressed stamped envelope it will expedite the mailing of the results to you.