



# CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD ABUSE AND NEGLECT PROGRAM

SFN 433 (12-2022)

The North Dakota Child Abuse/Neglect Information Index is mandated by the North Dakota Child Abuse and Neglect Law. When a decision is made that services are required or that child abuse or neglect is Confirmed, the names of individuals identified as the subject of the child abuse or neglect assessment are entered into the Index. The names remain on the Index for ten years from the date of the Services Required or Confirmed assessment decision. Results only include a search of the North Dakota Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)

\* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for identification purposes. Failure to disclose this information may result in a delay in reporting results.

Part I: Information of Individual Whose Name is to be Searched				
LAST Name	FIRST Name	FULL MIDDLE Name <input type="checkbox"/> None <input type="checkbox"/> Initial Only	Social Security Number*	Date of Birth
Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years			OR <input type="checkbox"/> Check this box if you have no additional names	
Current Physical Address		City	State	ZIP Code
Last North Dakota Address		City	State	ZIP Code

Part II: Agency/Organization Information			
Agency/Organization	Contact Person	Telephone Number	
Address	City	State	ZIP Code
Email Address and/or Fax Number			
This information is being requested for: <b>(Check Only One)</b>			
<input type="checkbox"/> Employment with HHS	<input type="checkbox"/> Employment in a HHS Licensed or Contracted Agency	<input type="checkbox"/> Childcare/In-home Provider	
<input type="checkbox"/> Adoption Study	<input type="checkbox"/> Private Agency Employment/Volunteer	<input type="checkbox"/> Foster Parent Licensing	
<input type="checkbox"/> Other (List): _____			

### Part III: Consent

This consent remains in effect for 90-days from the date of signature unless specifically revoked by written notice to the agency/ organization contact person. Any disclosure prior to a written revocation shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. **This document must be physically signed by the applicant or signed with a Public Key Infrastructure (like VeriSign or DocuSign). A typed signature is not accepted.**

a. I grant permission to the Department of Health and Human Services and its authorized agents (Human Service Zones) to conduct a search of my name on the North Dakota Child Abuse/Neglect Information Index and to disclose the results of the search to the agency/ organization indicated on this form.

Signature	Date
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b. I further authorize the Department of Health and Human Services and its authorized agents (Human Service Zones) to disclose the records of all Child Abuse and Neglect records pertaining to Services Required or Confirmed findings to the agency/organization indicated on this form. I understand that this information may include medical and mental health information.

I understand that substance use disorder treatment records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without written consent. Substance use disorder record information will not be disclosed unless an Authorization to Disclose Information form (SFN 1059) permitting the disclosure accompanies this form.

Signature	Date
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**Part IV: Do Not Write Below - State Office Use Only**

**(NOTE: Results only include a search of the ND Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)**

- The above-named individual is not listed on the ND Child Abuse/Neglect Information Index.
- An assessment decision of Services Required was found on the ND Child Abuse/Neglect Information Index.  
For further details, please contact the Human Service Zone listed below.

Human Service Zone	Telephone Number	Email Address	Decision Date
Signature of Person Completing CA/N Information Index Inquiry			Date Completed

Human Service Zone	Telephone Number	Email Address	Decision Date
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Submit the completed form to:  
Children and Family Services  
600 East Boulevard Avenue, Dept. 325  
Bismarck, ND 58505  
(701) 328-2316  
E-mail: [cfs\\_cani@nd.gov](mailto:cfs_cani@nd.gov)  
Fax: (701) 328-3538