

REQUEST FOR SEARCH OF BACKGROUND CHECKS

This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this information in error, please notify the sender and destroy the information. The information contained in the Central Registry of Arizona Department of Child Safety (ADCS), and any attached files shall be used as a factor to determine qualifications for individuals applying for contracts with this state, including employees of the prospective contractor, contractors, and subcontractors for positions that provide direct services to children.

The information contained in the Central Registry and any attached files are confidential and shall not be further disseminated or shared. SPECIAL NOTE: In order to adhere to confidentiality requirements, this document can only be completed by either the owner or the individual responsible for hiring staff and volunteers for this facility. PLEASE FILL OUT THE INFORMATION BELOW. All applicable fields must be completed, accurately and legibly.

Provider or Contractor Name: _____

Provider ID (Assigned by DES): _____

Licensed Center Number: CDC _____ Certified Group Home Number: SGH _____

Tracking Number: _____

(You must provide your unique tracking number. This number will be used to identify and track this document and the individuals linked to it.)

CCA Contract Number: SX (Assigned by DES) _____

Check one:

New Contract
 New Employee Hire
 CCA Certified Home
 CCR&R Registered Home

Phone Number (Including Area Code): _____

Email Address (Results will be emailed to this Address): _____

Mailing Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Name of Person Authorized to Submit Request (Print/Type): _____

Requestor's Signature: _____ Date of Request: _____

SUBMIT YOUR COMPLETED REQUEST THROUGH ONE OF THE FOLLOWING METHODS:

Fax to: CCA BACKGROUND CHECKS (602) 542-8436

Email [secure] to: CCACentralRegistry@azdes.gov

Results of this check will be:

1. EMAILED to the address above indicating that one or more individuals on the request was (were) unable to be processed with the information provided; or
2. EMAILED to the address above if all names are cleared; or
3. EMAILED to the address above with information on individuals who are found to have a substantiated finding of child abuse or neglect; and
4. MAILED to the individual who is found to have a substantiated finding that disqualifies him/her from providing direct services to children.

FOR INTERNAL USE ONLY

Date of Search: _____ Number of Names Checked: _____

Name of Person Completing Checks: _____

INDIVIDUAL INFORMATION FOR SEARCH OF BACKGROUND CHECKS

(All fields must be completed, accurately and legibly)

INDIVIDUAL'S INFORMATION

Name (Last, First, M.I.): _____

Alias (Previously used names): _____

Social Security Number: _____ Date of Birth (MM/DD/YY): _____

Sex: Male Female

Current Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Has the person lived in other state(s) in the past five (5) years? No Yes

If Yes, List State and Last Month/Year Resided there: State _____ Month/Year _____

State _____ Month/Year _____

State _____ Month/Year _____

FOR INTERNAL USE ONLY (Search Results)

DCS Central Registry		Signature of Person Completing Search:
NF	Rpt No: _____	
ND	Char Code: _____	
DISQ	Part ID: _____	
EXC		

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DISQUALIFICATION ACTS

A person is disqualified from providing services to ADES clients in a direct service position if he/she is identified as the subject of the substantiated report for any of the following.

25 Injuries requiring emergency medical treatment
27 Child age 24 months is shaken (shaken baby syndrome)
33 Untreated life threatening condition, Infant Doe, Non-organic FTT
37 Imminent harm to child under the age of six (6) due to lack of supervision by parent/caretaker
38 Neglect results in injury/illness requiring emergency medical treatment
39 Imminent harm to child due to health or safety hazards in living environment/exposure to the elements
40 Child diagnosed as suicidal by mental health professions, parent refused to allow treatment
41 Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven days
42 Child reporting vaginal or anal penetration or oral sexual contact within past 72 hours and has not been examined
43 Abandoned, no parent willing to provide immediate care for a child and child is with a caregiver unable or unwilling to provide care now
45 Injuries may require medical treatment
46 P3 Injury to child under age six years
50 Living environment presents health or safety hazards to a child under the age of six
51 Sexual conduct/physical injury between children due to inadequate supervision
54 Sexual behavior within the past 8-14 days
55 Child diagnosed by mental health professional with behavior consistent with emotional abuse
56 Abandoned, no parent willing to care for a child, child with caretaker unable or unwilling to care for child less than one week
66 Significant developmental delays due to neglect
69 Attempted sexual behavior or sexual behavior, 14 days to three years or last occur unknown
72 Parent, guardian or custodian suggests or entices child to engage in sexual behavior, no touching
76 Use of child by parent, guardian or custodian for material gain
82 Parent, guardian or custodian sexually abused a child in past, now in home with a child
83 Attempted sexual behavior or sexual behavioral when last occurred more than three years
101 Death of a child due to neglect
111 Death of a child due to physical abuse or suspicious death
201 Physical abuse high risk
202 Physical abuse moderate risk
301 Neglect, high risk
302 Neglect, moderate risk
401 Sexual abuse, high risk
402 Sexual abuse, moderate risk
403 Sexual Abuse, low risk
404 Sexual Abuse, response 4
501 Emotion Abuse, high risk
502 Emotional abuse, moderate risk