



CHILD PROTECTIVE SERVICES INFORMATION SYSTEM (CHILD ABUSE REGISTRY) SCREENING REQUEST INFORMATION

IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD ABUSE REGISTRY.

REQUESTOR'S ROLE

<p>PLEASE CHECK ONLY ONE:</p> <p><input type="checkbox"/> An individual who wants to check the registry to see whether or not his/her name is listed. (Please provide Driver's License, State ID, Passport, or Military ID)</p> <p><input type="checkbox"/> A state or government agency of Georgia, <u>which licenses</u> entities that have interactions with children or are responsible for providing care for children. Information provided for purposes of <u>licensing</u> of a specific individual or entity.</p> <p><input type="checkbox"/> A state or government agency of Georgia, <u>which licenses</u> entities that have interactions with children or are responsible for providing care for children. Information provided for purposes of <u>employment</u> of a specific individual.</p> <p><input type="checkbox"/> Licensed entities in Georgia, which interact with children or are responsible for providing care for children, which shall only be provided information for purposes of <u>employment</u> of a specific individual.</p> <p><input type="checkbox"/> A state or government agency of any other state, <u>which licenses</u> entities that have interactions with children or are responsible for providing care for children. Information provided for purposes of <u>licensing</u> of a specific individual or entity.</p> <p><input checked="" type="checkbox"/> A state or government agency of any other state, <u>which licenses</u> entities that have interactions with children or are responsible for providing care for children. Information provided for purposes of <u>employment</u> of a specific individual.</p> <p><input type="checkbox"/> Georgia court appointed special advocate (CASA) program solely for the purpose of screening and selecting an individual to serve as a CASA, employees and volunteers for its CASA Program.</p>	<p>DATE :</p>
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AGENCY REQUESTING SCREENING INFORMATION

NAME Child Care Administration, Central Registry	TEL # 602-364-0962	EMAIL ADDRESS CCACentralRegistry@azdes.gov
NAME OF AGENCY Arizona Dept. of Economic Security/ Child Care Administration	STREET ADDRESS P.O. Box 6123 MD 5112	CITY/STATE/ZIP CODE Phoenix, AZ 85007

SCREENING RESULTS TO BE SENT TO:

NAME & JOB TITLE Laila Stene - Business Ops Supervisor	TEL # 602-364-0962	EMAIL ADDRESS CCACentralRegistry@azdes.gov
NAME OF AGENCY (If applicable) Arizona Dept. of Economic Security/ Child Care Administration	STREET ADDRESS P.O. Box 6123 MD 54F2	CITY/STATE/ZIP CODE Phoenix, AZ 85007

INFORMATION ON PERSON TO BE SCREENED (APPLICANT)

NAME/ALIAS (First, Middle, Last)	TEL #	EMAIL ADDRESS
MAIDEN NAME *If you have been married, you have to provide this information.	OTHER NAMES USED IN PAST	RACE/ETHNICITY
CURRENT STREET ADDRESS	CITY/STATE/ZIP CODE	COUNTY
DATE OF BIRTH	SSN# (IF KNOWN)	SEX

SELF-SCREENING VALIDATION (TO BE COMPLETED BY DFCS STAFF MEMBER ONLY)

NAME (First, Middle, Last)	JOB TITLE	DATE REQUEST WAS RECEIVED	DATE REQUEST SUBMITTED
COUNTY VALIDATING IDENTIFICATION	PHONE NUMBER	E-MAIL ADDRESS	ID VALIDATION <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> State ID

Acceptance Agreement

By checking this box I affirm that I am a representative of the agency or person requesting information from Child Protective Services Information System (CPSIS) and that the information I provided is true. I understand that obtaining information from CPSIS under false pretenses is punishable by law.