

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency/Wilderness)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request); For employment in a child care facility.

As required by, and in accordance with Arizona Revised Statute (ARS) § 8-804, Contractors, Subcontractors, and Offerors are required to submit "Request for Search of Central Registry Background Check" forms for their employees, prospective employees, and volunteers who provide direct services to children or vulnerable adults.

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: \_\_\_\_\_  
(first) (middle) (maiden/nickname) (last)

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Initial Hire: \_\_\_\_\_

Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

Previous Address: \_\_\_\_\_ City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

**CENTRAL REGISTRY CHECK**

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment. Mail check or money order and this completed form to:

**Cabinet for Health and Family Services  
Department for Community Based Services  
Records Management Section  
275 East Main St., 3E-G  
Frankfort, Kentucky 40621**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

**NAME OF EMPLOYER/AGENCY:** AZ Dept. of Economic Security/DERS/Background Inv. Unit  
**ADDRESS:** P.O. Box 6123 MD 54F2 **CITY:** Phoenix  
**STATE:** Arizona **ZIP:** 85005 **PHONE:** 602-364-0809

**RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]**  
 No reportable incident found in accordance with 922 KAR 1:470  
 Substantiated child abuse found on the registry Date of substantiated finding: \_\_\_\_\_  
 Substantiated child neglect found on the registry Date of substantiated finding: \_\_\_\_\_  
The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights  Yes  No  
 A matter subject to administrative review found in accordance with 922 KAR 1:470  
**CHECK CONDUCTED ON** \_\_\_\_\_ **BY** \_\_\_\_\_

DPP-156  
(R. 1/18)  
922 KAR 1:470