CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD ABUSE AND NEGLECT PROGRAM
SFN 433 (2-2019)

Clear Fields

Part I: Agency/Organization Information

Agency/Organization	Contact Person	Telephone Number	
AZ Dept. of Economic Security/DERS/Background Inv.	Amanda Hartle	(602) 568-4656	
Address	**City**	**State**	**ZIP Code**
P.O. Box 6123 MD 54F2	Phoenix	AZ	85005

Part II: Authorization for Release of Information (to be completed by the person giving consent/authorization)

☐ _____ (Initials) I give North Dakota Department of Human Services (NDDHS) and its' authorized agents (county social service agencies) permission to check the Child Abuse/Neglect Information Index for my name.

☐ _____ (Initials) I further give permission to NDDHS to release child abuse and neglect records pertaining ONLY to the services required decisions indicated below to the above-named agency/organization. (**NOTE:** If this statement is not *checked* **and** *initialed*, and if child abuse and neglect records contain any medical, drug, alcohol, or mental health information, an Authorization to Disclose Information Form (SFN 1059) will be required.)

This information is being requested for: (Check Only One)

☐ Employment with NDDHS ☐ Employment in a NDDHS licensed or contracted agency ☒ Childcare/In-home provider

☐ Adoption study ☐ Foster parent licensing ☐ Private agency employment/volunteer

☐ Other (List): _____

LAST Name	FIRST Name	FULL MIDDLE Name ☐ None	Social Security Number*	Date of Birth

Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years **OR** ☐ Check this box if you have no additional names

Current Physical Address	City	State	ZIP Code
Last North Dakota Address	**City**	**State**	**ZIP Code**

Signature	Date

* 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.

This authorization remains in effect for 60-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 of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original.

Part III: 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 NDDHS, Children and Family Services.

If there are any questions about this form, or if you feel the conclusion was reached in error, please contact the agency which performed the inquiry, or contact

Children and Family Services/CBCU
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505
(701) 328-2316
E-mail: dhscfscbc@nd.gov
Fax: (701) 328-0358

County	Decision Date
Signature of Person Completing CA/N Information Index Inquiry	
Date Completed	