

State of Nevada - Division of Child and Family Services
EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY
INFORMATION

NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432.100. This form authorizes the Division of Child and Family Services to inform the employer or agency requesting the information whether the person who is the subject of the background check has been found to have abused or neglected a child.

Instructions: The person who the subject of the background check must complete this form with the employer to ensure the form is completed in its entirety. The form must include the person's complete name (include any other names used, e.g. maiden name, alias, etc.), date of birth, and Social Security Number (SSN). This form must be either signed and notarized or be signed with a copy of the Photo ID attached (in lieu of notary). This decision is at the discretion of the requesting employer/agency who is responsible to verify the identity of the individual with their Photo ID or require the individual to obtain the notarization.

Email the request form to: DCFS-CANS@dcfs.nv.gov (Include the word "Secure" in the email subject line to protect the information in the email).

If you do not receive a response after 15 business days, please email DCFS-CANS@dcfs.nv.gov.

PART I. EMPLOYER REQUESTING INFORMATION (completed by employer/agency)

I am an employer and request information in accordance with subsection 3 of NRS 432.100.

Amanda Hartle - Business Operations Manager

| | | |
|---|------------------------------|--------------|
| Print Name/Title of Person Requesting | Signature | |
| Data | Date | |
| AZ Dept. of Economic Security/DERS | CCACentralRegistry@azdes.gov | 602-568-4656 |
| Employer/Agency Name | Email | Phone Number |
| P.O. Box 6123 MD54F2, Phoenix, AZ 85005 | | |
| Business Address | | |

Employer reason for request:

Release to an agency/individual related to:

- Childcare related employment
 Elder care related employment
 CASA
 Schools/public and private
 Other (explain): _____

PART II. IDENTIFYING INFORMATION
(completed by individual(s) for whom information is being requested)

List all adults age 18 and over for whom information is being requested

| | | |
|---------------------------|---|------------------------|
| Name (Adult #1) | Date of Birth | Social Security Number |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Alias/Maiden Name(s) used | Gender/Sex | |

Email

Address

| | | |
|---------------------------|---|------------------------|
| Name (Adult #2) | Date of Birth | Social Security Number |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Alias/Maiden Name(s) used | Gender/Sex | |

Email

Address

Children in family or home

| Name | Any other name(s) used | Date of Birth | Social Security Number |
|------|------------------------|---------------|------------------------|
| | | | |
| | | | |

PART III. AUTHORIZATION TO RELEASE INFORMATION
(completed by individual(s) for whom information is being requested)

Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse and Neglect Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

(Name of employer/agency) _____ about a finding of a substantiated report of abuse or neglect in the Central Registry.

If a Central Registry record is found, you will also receive the results of this request. Indicate preferred method to receive results: Adult #1: Email Address Adult #2: Email Address

SIGNATURE AND IDENTIFICATION VERIFICATION

This form must be either be signed and notarized or be signed with a copy of the Photo ID attached (in lieu of notary). This decision is at the discretion of the requesting employer/agency who is responsible to verify the identity of the individual with their Photo ID or require the individual to obtain the notarization.

| | | |
|--|---------------|------|
| Print Name (Adult #1) | Signature | Date |
| Print Name (Adult #2) | Signature | Date |
| STATE OF _____) | | |
| COUNTY OF _____) | | |
| This instrument was acknowledged before me on (date) _____ by: | | |
| Printed Name of Individual | Notary Public | |
| (Notary Stamp) | | |

(FOR DCFS CENTRAL OFFICE USE ONLY)

No Record Found

Central Registry Record Found:

A report of ABUSE and/or NEGLECT was substantiated on _____.

***Please be aware that the person(s) in this report may still have the right to appeal these substantiations and they will be provided separate instructions on how to inquire about their appeal rights.**

Print Name/Title _____ Signature _____ Date _____