

Background Check Unit
A Shared Service of DHS and OHA

Requestor information

1. This form must be type-written and signed by the requestor and subject of the child abuse/neglect check (*the "applicant"*).
2. Complete one form for each applicant.
3. Email completed requests to: adam-walsh.oregon@state.or.us

This information is being requested for the following reason (*please check only one*):

- Foster or adoptive parent, or foster household member over 18 under Adam Walsh Child Protection and Safety Act of 2006
- Employee of a Child Caring Agency (*"child caring institution"*) under the Family First Prevention Services Act of 2018
- Child care provider or child care household member under Child Care & Development Block Grant (CCDBG) Act of 2014
- Oregon juvenile justice agency employee or contractor under Prison Rape Elimination Act (PREA) of 2003
- Oregon Court Appointed Special Advocate (CASA)

Requesting agency: AZ DES DCC Central Registry Unit

Agency address: (Address): PO Box 6123 MD85B1

(City): Phoenix

(State): AZ

(ZIP): 85005

Type of agency requesting information (please check one):

- State/local child welfare agency
- Child care licensing agency
- Child care employer
- Oregon juvenile justice agency
- Oregon Court Appointed Special Advocates
- Other:

BCU will respond to this request utilizing a secure email server. Please list your agency email address for results that can receive secure emails.

Email address: ccacentralregistry@azdes.gov

I understand this information is **confidential** and **sensitive**, and may be used only for the purpose for which it was obtained. Per ORS 419B.035(9), anyone inappropriately using or disseminating this information violates ORS 419B.035 subsection (6)(a) and (7), and commits a Class A violation.

Nino Smith

Nino Smith

12/18/2023

Printed name and signature of requesting facility/agency representative

Date

If you have questions or you feel the conclusion is inaccurate, please contact the requesting agency, or contact BCU at adam-walsh.oregon@state.or.us or 503-378-5470 or 888-272-5545.

Applicant information

For completion by applicant on whom child protective services check will be completed.

Full legal name: _____
(Last) (First) (Middle)

Other names used: _____

Gender: Male Female Unknown or not specified

Social Security number (voluntary): _____

Applicant date of birth (m/d/yyyy): _____

Position title (example: foster parent, CASA): _____

Please list all Oregon counties in which you have resided, beginning with the most recent. Provide the month and year that residency began and ended for each county listed. For special or unusual situations, please explain. Attach additional documents in email if necessary.

| County | Began | Ended |
|----------------------|---------|---------|
| Example – ABC County | 01/2001 | Current |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I, _____, do hereby authorize the Oregon Department of Human Services to research its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand this information will be released to the requesting agency or employer.

Applicant signature or applicant’s legal representative

Date signed

If BCU determines that the subject of this child abuse/neglect check is responsible (“founded”) for the abuse/neglect of a child in Oregon, or is currently the subject of a child abuse/neglect information, BCU cannot release the investigation or details about the investigation. For additional information, please contact the local Oregon Child Welfare office(s). Local office contact information found at: <http://www.oregon.gov/DHS/Offices/Pages/Child-Welfare.aspx>.