



STATE OF RHODE ISLAND
 Department of Children, Youth and Families
 101 Friendship Street
 Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: **“General Treasurer State of Rhode Island”** – a personal check or cash is not accepted. Requests submitted without payment **will not** be processed.)

Facility Name: AZ Dept. of Economic Security Please indicate if subsequent

Facility mailing address: 1789 W. Jefferson MD54F2 Phoenix, AZ 85007
 Facility E-mail address: ccacentralregistry@azdes.gov Facility Phone #: 602-568-4656

Please indicate: Prospective Childcare operator or employee Foster Care provider
 Non-DCYF Adoption Employment Community Agency Volunteers who have supervisory authority over children without the presence of others Volunteer in a daycare setting Child Care and Community Agency Volunteers who **do not** have supervisory authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to Amanda Hartle information obtained as a result of their check of the Department’s Indicated Child Abuse/Neglect records. I understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the Department or the facility in determining my suitability for employment in a Child Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results Ninety (90) days after the date of this authorization appearing below. Any information released and /or received as a result of this consent shall not be further relayed in any way to any person or organization outside of the Department without additional consent except as provided by statute.

Signature of Applicant	Date of Birth	Date of Authorization	
Last Name	First Name	Middle	Maiden
Address			
# & Street	City/Town	State	Zip Code

BACKGROUND CHECK RESULTS

RICHIST: No Prior Contact

Case ID or Person ID: _____ Case Name: _____ States: Active Closed

Investigation #	Level	Status
Name	Involvement	Allegations

MASTERFILE:(Prior to 1984)

No prior Involvement