



## Adam Walsh State Contacts and Procedures for Child Abuse Registry Checks

We strive to keep this list accurate and up to date. If you do notice any discrepancies, please contact us at [centersupport@usf.edu](mailto:centersupport@usf.edu) so we can make any needed corrections.

Please Note: We maintain the listing for child placement purposes, not for employment.

<b>STATE</b>	<b>CONTACT INFO</b>	<b>REQUIREMENTS/PROCEDURES</b>
<b>ALABAMA</b>	<p>State of Alabama, Dept. of Human Resources, Child Abuse &amp; Neglect Registry, 50 Ripley Street Montgomery, AL 36130</p> <p>Phone: (334) 242-9500 Fax: (334) 242-0939</p>	<p>Alabama Dept. of Human Resources Child Abuse/Neglect Central Registry Clearance Form (1598): <a href="https://dhr.alabama.gov/wp-content/uploads/2019/07/form1598.pdf">https://dhr.alabama.gov/wp-content/uploads/2019/07/form1598.pdf</a></p> <p>Instructions to complete form 1598 : <a href="https://dhr.alabama.gov/wp-content/uploads/2019/07/InstructionsforCentralRegistryForm.pdf">https://dhr.alabama.gov/wp-content/uploads/2019/07/InstructionsforCentralRegistryForm.pdf</a></p> <p>Original copy required, must be mailed via US Mai, UPS or Fed Ex.</p> <p>Additional info can be found here: <a href="https://dhr.alabama.gov/child-protective-services/central-registry-clearance/">https://dhr.alabama.gov/child-protective-services/central-registry-clearance/</a></p>
<b>ALASKA</b>	<p>Department of Health &amp; Social Services 323 East 4<sup>th</sup> Avenue Anchorage, AK 99501</p> <p>Phone: (907) 269-4026 Fax: (907) 269-4098</p>	<p>Form Required: <a href="#">Clearance Form</a></p> <p>Email completed form to: <a href="mailto:Hss.ocsanccpchecks@alaska.gov">Hss.ocsanccpchecks@alaska.gov</a></p> <p>Complete Instructions Available Online: <a href="http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx">http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</a></p>
<b>AMERICAN SAMOA</b>		<p>Their registry is local and not available online. You must e-mail the agency to request the form</p> <p>Emails for the CPS unit to request the check are:</p> <p>CPS Branch Manager, Tufa Avegalio CFSD: Tufanua Avegalio : <a href="mailto:tavegalio@dhss.as">tavegalio@dhss.as</a></p> <p>Or CPS Program Coordinator Omeka "Max" Gaisoa: <a href="mailto:jezeniahhoo.com">jezeniahhoo.com</a></p>

<p><b>ARIZONA</b></p>	<p>Arizona Department of Child Safety            Central Registry            P.O. Box 6030,            Site Code C010-20            Phoenix, AZ 85005-6030 Fax:            (833)856-8925            For questions, contact            Jermaine Moore-Tabron  <a href="mailto:Jermaine.Moore-Tabron@azdsc.gov">Jermaine.Moore-Tabron@azdsc.gov</a>            /((602)255-2642 or Leticia Chavez  <a href="mailto:leticia.chavez@azdcs.gov">leticia.chavez@azdcs.gov</a>/            (602)255-2632.</p> <p>Please allow 3-5 business days for perspective caregivers or 7-10 business days for employment prior to sending a status update request.</p> <p>Forms may be faxed or emailed to  <a href="mailto:DCSCentralRegistry@azdcs.gov">DCSCentralRegistry@azdcs.gov</a>.            (Email is preferred). Adam Walsh requests requires an email address and CURRENT mailing address. Incomplete or unsigned requests cannot be processed and will be returned. Emailed request must be sent as a PDF attachment. Images, screenshots and other formats may be rejected.</p>	<p>Form Required:            Form CSO-1131A  <a href="https://dcs.az.gov/file/14097/download?token=AYfSEg0h">https://dcs.az.gov/file/14097/download?token=AYfSEg0h</a>  <b>If you live in Arizona and are required to conduct this check for another state, please contact <a href="mailto:FHLAWA@azdcs.gov">FHLAWA@azdcs.gov</a> or call 602-255-2801. <a href="https://dcs.az.gov/content/cso-1131a">https://dcs.az.gov/content/cso-1131a</a></b></p> <p>Form CSO-1058A  <a href="https://dcs.az.gov/file/12889/download?token=32jjldV8">https://dcs.az.gov/file/12889/download?token=32jjldV8</a>            To be used for placing children.  <a href="https://dcs.az.gov/content/cso-1058a">https://dcs.az.gov/content/cso-1058a</a></p> <p>Form DCS-1083A  <a href="https://dcs.az.gov/file/13311/download?token=iUts8VVQ">https://dcs.az.gov/file/13311/download?token=iUts8VVQ</a>            To be used for employment purposes.  <a href="https://dcs.az.gov/content/dcs-1083a">https://dcs.az.gov/content/dcs-1083a</a></p> <p>ALL Adam Walsh requests require an email address. Incomplete or unsigned requests cannot be processed and will be returned. Additional info can be found online here:  <a href="https://dcs.az.gov/">https://dcs.az.gov/</a></p>
<p><b>ARKANSAS</b></p>	<p>Arkansas Child Maltreatment Central Registry            P.O. Box 1437, Slot S 566            Little Rock, AR 72203</p> <p>Phone: (501) 682-0405            Fax: (501) 682-0407</p> <p>Email: <a href="mailto:ARAbuseNeglectRecords@dhs.arkansas.gov">ARAbuseNeglectRecords@dhs.arkansas.gov</a></p>	<p>Submitting an Arkansas Child Maltreatment Central Registry Background Check Request Directions:</p> <p><a href="https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/">https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/</a></p> <p>Child Maltreatment Registry Request Link:  <a href="https://ardhs.formstack.com/forms/dcfs_central_registry_request_v2">https://ardhs.formstack.com/forms/dcfs_central_registry_request_v2</a></p>

<p><b>CALIFORNIA</b></p>	<p>California Dept. of Justice Bureau of Criminal Information &amp; Analysis CACI P.O. Box 903387 Sacramento, CA 94203</p> <p>Phone: (916) 210-4092 Fax: (916) 227-5054</p> <p><a href="mailto:Caci-inquiry@doj.ca.gov">Caci-inquiry@doj.ca.gov</a></p>	<p>Form Required: <a href="#">BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care &amp; Adoption Agencies</a></p> <p>Original signature required, form can only be submitted by mail.</p> <p>\$15 Processing fee</p> <p>More information available online: <a href="http://oag.ca.gov/childabuse/outofstatefosteradoption">http://oag.ca.gov/childabuse/outofstatefosteradoption</a></p> <p>Note: CA does not have a mechanism for releasing information for the purpose of Investigation unless to Law Enforcement conducting an investigation of a child abuse case.</p>
<p><b>COLORADO</b></p>	<p>CDHS Background Investigation Unit 1575 Sherman Street, Ground Floor Denver, CO 80203 Phone: (303) 866-7436 or 866-4614</p>	<p>If you live outside of Colorado but are required to conduct this check in your state:</p> <p>Complete, print and sign a Child Abuse and Neglect Records Check form. <a href="https://drive.google.com/file/d/1BsE_b0iNZb13SBaa54VI7iN3UOzT3fWa/view">https://drive.google.com/file/d/1BsE_b0iNZb13SBaa54VI7iN3UOzT3fWa/view</a></p> <p>This request form generates ONE Results Letter. Results from this request are released to the person/agency/facility listed in the Results Letter release section of the form. If you want a Results Letter sent to the person being background checked AND another person, a second form and fee must be submitted.</p> <ul style="list-style-type: none"><li>• The child abuse and neglect background check process can take up to 30 business days, so please plan accordingly. Requests are processed in the order they're received</li><li>• A \$35 NONREFUNDABLE fee is required for each individual Trails abuse/neglect background check request. This fee only produces one Results Letter.</li></ul>

		<p>o Include a check or money order with your request. Cash or credit card payments are not accepted. Submitting the incorrect fee will delay the processing of your request.</p> <p>o The check or money order must be payable to the CDHS, Background Investigation Unit (BIU).</p> <p>Mail completed form(s) and payment to:          Colorado Department of Human Services          Division of Early Care and Learning          Attn: Trails Background Investigation Unit (BIU)          1575 Sherman Street, Garden Level          Denver, CO 80203-1714</p>
<p><b>CONNECTICUT</b></p>	<p>Department of Children and Families Careline          505 Hudson Street          Hartford, CT 06106 Or 1-800-842-2288          option #6Fax: 860-560-7071          E-mail:  <a href="mailto:DCF.BackgroundCheck@ct.gov">DCF.BackgroundCheck@ct.gov</a></p> <p>Phone: (303) 866-4614</p>	<p>Form Required (Form #DCF 3031):  <a href="https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF3031-6192020.pdf">https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF3031-6192020.pdf</a></p> <p>Additional background screening info can be located here:  <a href="https://portal.ct.gov/DCF/Background-Checks/Home#Walsh">https://portal.ct.gov/DCF/Background-Checks/Home#Walsh</a></p>
<p><b>DELAWARE</b></p>	<p>DSCYF, OCCL          Criminal History Unit          1825 Faulkland Road          Wilmington, DE 19805          Phone: 302-892-5800          Fax: 302-633-5191</p>	<p>Form Required:          All checks must be submitted through the Delaware Child Protection Registry Request Web Portal. They longer accept requests through email, fax, spreadsheet or postal mail.</p> <p><a href="https://childprotectionregistry.delaware.gov">https://childprotectionregistry.delaware.gov</a></p> <p>A signed consent is required for each Child Protection Registry portal request. The consent form can be found on the web portal homepage under the blue registration buttons to the right</p> <p>Further information about the Child Protection Registry can be located at:  <a href="https://kids.delaware.gov/fs/fs_cpr.shtml">https://kids.delaware.gov/fs/fs_cpr.shtml</a></p>

<b>DISTRICT OF COLUMBIA</b>	Child & Family Services Agency Child Protection Register 200 I Street, SE Washington, DC 20003 Phone: 202-442-6100 Fax: 202-727-8040 Email: <a href="mailto:cfsa@dc.gov">cfsa@dc.gov</a>	<p>Form Required: <a href="https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Check_Application_July2020_childwelfare.pdf">https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Check_Application_July2020_childwelfare.pdf</a> (Child Welfare purposes)</p> <p>Submission Instructions &amp; Application: <a href="https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Submission_Instructions_04-22-20_English.pdf">https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Submission_Instructions_04-22-20_English.pdf</a></p> <p>More information available online: <a href="https://cfsa.dc.gov/publication/cpr-request-application-child-welfare">https://cfsa.dc.gov/publication/cpr-request-application-child-welfare</a></p> <p><u>Note: Effective April 1, 2020, paper applications are not being accepted while DC Government is on telework status. CPR check applications must be submitted electronically.</u> More information available online: <a href="https://cfsa.dc.gov/publication/cpr-request-application-child-welfare">https://cfsa.dc.gov/publication/cpr-request-application-child-welfare</a></p> <p>Note: Effective April 1, 2020, paper applications are not being accepted while DC Government is on telework status. CPR check applications must be submitted electronically.</p>
<b>FLORIDA</b>	Florida Department of Children and Families Office of Child Welfare 1317 Winewood Blvd. Tallahassee, Florida 32399-0700 Fax: 850-487-6064 Email: <a href="mailto:adamwalsh.requests@myflfamilies.com">adamwalsh.requests@myflfamilies.com</a>	<p>Form Required: <a href="https://www.myflfamilies.com/service-programs/abuse-hotline/docs/Adam%20Walsh%20Request%20Form.pdf">https://www.myflfamilies.com/service-programs/abuse-hotline/docs/Adam%20Walsh%20Request%20Form.pdf</a></p> <p>Form used for Employment purposes: <a href="https://www.myflfamilies.com/service-programs/background-screening/docs/Child%20Welfare%20Records%20Request%20for%20Employment.pdf">https://www.myflfamilies.com/service-programs/background-screening/docs/Child%20Welfare%20Records%20Request%20for%20Employment.pdf</a></p> <p>*Submit via Fax or email</p> <p>Additional information may be available here: <a href="https://www.myflfamilies.com/service-programs/background-screening/">https://www.myflfamilies.com/service-programs/background-screening/</a></p> <p>Background Screening Help Desk:</p>

		<p>888-352-2849 TTY: 711</p>
<p><b>GEORGIA</b></p>	<p>Georgia Dept of Human Services Attn: Child Protective Services Screening 2 Peachtree St. NW, 18 Floor Atlanta Georgia 30303</p> <p><b>For questions send e-mail to:</b> <a href="mailto:georgiaadamwalshcheck@dhs.ga.gov">georgiaadamwalshcheck@dhs.ga.gov</a></p> <p><b>*Note: Effective February 1, 2020, The Adam Walsh application process was amended which will now require that all applications be submitted as a PDF document. Applications submitted as word document will no longer be accepted.</b></p>	<p>Screening Request Form/Application : <a href="https://dfcs.georgia.gov/document/document/submit-screening-request-form/download">https://dfcs.georgia.gov/document/document/submit-screening-request-form/download</a></p> <p>Submit the purpose of request on agency letterhead, along with the signed CPS application for each individual (18 years or older) to be screened. Send one application per person to <a href="mailto:GeorgiaAdamWalshCheck@dhs.ga.gov">GeorgiaAdamWalshCheck@dhs.ga.gov</a>. Faxed or mailed in requests will not be accepted. Please ensure all applications are typed except for the required signature which must be a handwritten signature.</p> <p>For request related to open or on-going investigations, complete as much information as possible on the application to ensure a thorough screening can be completed. The section related to current household members will not need to be completed. (The agency representative will need to sign the application.)</p> <p>For requests related to prospective foster/adoptive applicants, all boxes (with the exception) of the current household members are required to be completed. If the purpose of the request is for adoption of any kind and or foster care, ensure the form is signed by the potential applicant(s). Please include DOB and complete SSN. <u>Please ensure that you provide the purpose (employment, adoption, foster care, investigation, home study, etc.) of the request and identifying information on your state agency letterhead and submit all documents together.</u></p>
<p><b>GUAM</b></p>	<p>Bureau of Social Services Administration Department of Public Health &amp; Social Services 194 Hernan Cortez Avenue Hagatna, Guam 69610</p>	<p>Form Required: None. Print request for information on letterhead.</p> <p>Signed release required.</p> <p>Contact: <a href="mailto:Linda.rodriquez@dphss.guam.gov">Linda.rodriquez@dphss.guam.gov</a></p>

	<p>Phone: 671-475-2653 or 671-475-2672          Fax: 671-477-0500</p>	
<b>HAWAII</b>	<p>Department of Human Services          Child Welfare Services Section          420 Waiakamilo Road, Suite 300A          Honolulu, HI 96817          Phone: 808-832-0609          Fax: 808-832-0628</p>	<p>Form Required: <a href="#">Consent to Release Information from the Child Protective Services System Central Registry</a></p> <p>Original form must be mailed.</p> <p>Additional Information</p> <p>available online:  <a href="http://humanservices.hawaii.gov/ssd/backgroundchECK/">http://humanservices.hawaii.gov/ssd/backgroundchECK/</a></p>
<b>IDAHO</b>	<p>Idaho Department of Health &amp; Welfare          Criminal History Unit          Attn: CWIS          P.O. Box 83720          Boise, ID 83720</p> <p>Phone: (208) 332-7990          Fax: (208) 332-7991  <a href="mailto:crimhist@dhw.idaho.gov">crimhist@dhw.idaho.gov</a></p> <p>Contact: Fernando Castro,          Program Supervisor          Email:  <a href="mailto:castrof@dhw.idaho.gov">castrof@dhw.idaho.gov</a></p>	<p>Website: <a href="https://chu.dhw.idaho.gov">https://chu.dhw.idaho.gov</a></p> <p>Form: The form is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check.</p> <p>Form:  <a href="https://chu.dhw.idaho.gov/documents/Idaho_CP_Registry_Check_Request_Form.pdf">https://chu.dhw.idaho.gov/documents/Idaho_CP_Registry_Check_Request_Form.pdf</a></p> <p>Go to: Instructions  <a href="https://chu.dhw.idaho.gov">https://chu.dhw.idaho.gov</a></p> <p>Is the Form Required? Yes</p> <p>Signed release required? Yes – signed and notarized</p> <p>Methods of Transmission: Mail, fax, e-mail with attachment scanned in PDF format.</p> <p>Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request.</p> <p>Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p>
<b>ILLINOIS</b>	<p>Department of Family &amp; Children Services          406 E. Monroe Street, Station 30          Springfield, IL 62701</p>	<p>Form Required: Form CFS 689  <a href="https://www2.illinois.gov/dcf/aboutus/notices/Documents/cfs_689_authorization_for_background_check_for_programs_not">https://www2.illinois.gov/dcf/aboutus/notices/Documents/cfs_689_authorization_for_background_check_for_programs_not</a></p>

	<p>Phone: 217-557-0758          Fax: 217-782-3991</p>	<p><a href="#">licensed by dcfs (fillable).pdf#search=689</a></p> <p>CFS689 forms will <u>only be accepted electronically</u>, via our dedicated email address: <a href="mailto:DCFS.689Background@Illinois.gov">DCFS.689Background@Illinois.gov</a></p> <p>Complete all applicable fields on the form, <u>clearly and legibly</u>. Forms will not be processed if deemed illegible. (typed forms are preferred)</p> <p>The form must be signed (hand-written) and dated within one year of the process date. (typed signatures are not accepted)</p> <p>In order to apply our clearance stamps and process your form, it must be submitted as a <u>PDF attachment</u> with no encryption. The PDF must be an external attachment (<u>using the paperclip icon</u>) and not imbedded into the body of the email.</p> <p>Attach a maximum of 20 PDF file-formatted CFS689 forms per email. <u>Please combine multiple forms (up to 20) into 1 PDF document.</u></p> <p>If there is not DCFS history to be reported, you will receive your CFS689 form back via email, with the applied “NO PRIORS” clearance stamp.</p> <p>If there is a POSITIVE HIT, you will receive an email notifying you that your results will be returned via standard mail or fax.</p> <p><u>Return Agency information is required.</u></p> <p>Please complete ALL agency fields in lower, left-hand corner.</p> <p>Our processing time fluctuates greatly throughout the year as it is based on the number of forms we receive. Please do NOT resubmit your request.</p>
<p><b>INDIANA</b></p>	<p>Indiana Dept. Of Child Services, COBCU          302 W. Washington St.          Room E306, MS08          Indianapolis, IN 46204</p> <p>Fax: 317-234-4633          Email:  <a href="mailto:background.checkunit@dcs.in.gov">background.checkunit@dcs.in.gov</a></p>	<p>Requests for CPI/CPS history checks must be submitted via Indiana’s on-line portal.</p> <p>For updates and implementation of this new portal and information specific to CPI/CPS History Check Requests, please visit the IN DCS Background Check Webpage at: <a href="https://www.in.gov/dcs/3928.htm">https://www.in.gov/dcs/3928.htm</a></p>



		<p>Additional information may be available online:  <a href="http://www.in.gov/dcs/2363.htm">http://www.in.gov/dcs/2363.htm</a></p>
<b>IOWA</b>	<p>Central Abuse Registry          Iowa DHS          P.O. Box 4826          Des Moines, IA 50305 Fax:          515-564-4112          Email:  <a href="mailto:DHSAbuseRegistry@dhs.state.ia.us">DHSAbuseRegistry@dhs.state.ia.us</a></p>	<p>Form Required:  <a href="https://dhs.iowa.gov/sites/default/files/470-3301.pdf?070520191428">https://dhs.iowa.gov/sites/default/files/470-3301.pdf?070520191428</a>          Complete a separate form for each person for whom info is requested. Forms may be submitted via Mail, Fax or Email</p>
<b>KANSAS</b>	<p>Attn: DCF/Child Abuse and Neglect Central Registry          P.O. Box 2637 Topeka, KS 66612           Fax: 785-296-8609</p>	<p>Form Required:  <a href="http://www.dcf.ks.gov/services/PPS/Documents/OBI_1011_CAN_ROI.pdf">http://www.dcf.ks.gov/services/PPS/Documents/OBI_1011_CAN_ROI.pdf</a>           Required fee of \$10           Requests should be submitted via Mail/Email/or Fax”          Email Address: <a href="mailto:DCF.CentralRegistry@ks.gov">DCF.CentralRegistry@ks.gov</a>           Additional Information available online:  <a href="http://www.dcf.ks.gov/services/PPS/Pages/Adam-Walsh-Legislation.aspx">http://www.dcf.ks.gov/services/PPS/Pages/Adam-Walsh-Legislation.aspx</a></p>
<b>KENTUCKY</b>	<p>Department for Community Based Services          Records Management Section          275 East Main Street, 3E-G          Frankfort, KY 40621           Phone: 502-564-3834          Fax: 502 564-9554</p>	<p>Form Required:  <a href="#">DPP-157 Background Checks for Applicants or Foster/Adoptive Parents</a>   <a href="#">DPP-159 Background Checks for Caretaker Relatives, Fictive Kin, or Kinship Caregivers.</a>           Additional information may be available online:  <a href="https://chfs.ky.gov/agencies/dccbs/dcc/Pages/nationalbackgroundcheck.aspx">https://chfs.ky.gov/agencies/dccbs/dcc/Pages/nationalbackgroundcheck.aspx</a></p>
<b>LOUISIANA</b>	<p>Louisiana Department of Children and Dept. of Children &amp; Family Services          P.O. Box 3318          Baton Rouge, LA 70821           Phone: 225-219-3461</p>	<p>The following types of clearances must be submitted through the Louisiana Child Abuse and Neglect Clearance System (CANS):          Clearances for out of state licensed child care facility employees/volunteers (must be requested by the licensed facility and</p>

	<p>Fax: 225-342-3480  Email:  <a href="mailto:dcfs.childprotectiveservices.dcf@la.gov">dcfs.childprotectiveservices.dcf@la.gov</a></p>	<p>requires a \$25.00 fee)  Requests from out of state Child Protection Agencies (no fee at this time)  Requests for out of state agencies certifying foster/adoptive parents that serve foster children (no fee at this time)  The CANS system can be accessed through the following link  <a href="https://dcfscans.dcf.la.gov/">https://dcfscans.dcf.la.gov/</a>.</p> <p>***Please visit the following website for additional information:  <a href="http://www.dcf.la.gov">http://www.dcf.la.gov</a></p>
<b>MAINE</b>	<p>Office of Child and Family Services</p> <p>2 Anthony Ave  11 State House Station  Augusta, Me 04333-0011  Phone: 207-624-7900  FAX: 207-287-5282</p>	<p>Agencies Requesting Child Protective Records Research</p> <p>Questions should be directed to Child Protective Intake via by phone 207-626-8620, press 2 or fax 207-287-5065.</p>
<b>MARYLAND</b>	<p>Maryland Department of Human Resources  In-Home Services  Social Services  Administration  311 W. Saratoga Street,  Room 553  Baltimore, MD 21201</p>	<p>Form Required:  <a href="http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearance%20Form.pdf">http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearance%20Form.pdf</a></p> <p>Form must be signed and Notarized. <a href="#">Click Here</a> for instructions for completing the form.</p> <p>Additional information may be available online: <a href="http://dhr.maryland.gov/child-protective-services/child-protective-services-background-search-the-central-registry/">http://dhr.maryland.gov/child-protective-services/child-protective-services-background-search-the-central-registry/</a></p>
<b>MASSACHUSETTS</b>	<p>Massachusetts Dept. of Children &amp; Families Attn: Background Record Check Unit  2 Boylston St., 5<sup>th</sup> Floor  Boston, MA 02116</p> <p>Phone: 857-338-2966  Fax: 617-748-2441</p>	<p>Required Form:  <a href="https://www.mass.gov/files/documents/2020/02/24/Adam%20Walsh%20Form%20%28rev%2002.24.2020%29_0.pdf">https://www.mass.gov/files/documents/2020/02/24/Adam%20Walsh%20Form%20%28rev%2002.24.2020%29_0.pdf</a></p> <p>Additional information may be available online:  <a href="http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html">http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html</a></p>
<b>MICHIGAN</b>	<p>Division of Child Welfare Licensing</p>	<p>Additional Information may be available online:</p>

	<p>Michigan Department of Health and Human Services 235 S Grand Ave, Suite 1305 PO Box 30650 Lansing, MI 48909 Fax: 517-284-9719</p> <p><b>If you are with a child placing agency working with a foster home or adoptive applicant, mail, email, or fax requests to:</b> <a href="mailto:MDHHS-DCWL-OSCR@michigan.gov">MDHHS-DCWL-OSCR@michigan.gov</a></p>	<p><a href="https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119-180331--,00.html#Section_1">https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119-180331--,00.html#Section_1</a></p> <p>Requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include</p> <ol style="list-style-type: none"> <li>1) Name and title of individual requesting the information.</li> <li>2) Contact information (phone, fax numbers, email address, etc.)</li> <li>3) Name of the individuals you are requesting to be cleared.</li> <li>4) The individual your agency is requesting to be cleared must complete the <a href="#">Central Registry Clearance Request - DHS-1929 form</a> that provides authorization for MDHHS to complete the requested clearance. All submissions must include the applicants' valid driver's license.</li> <li>5) The attached 1929(s) must accompany the agency request.</li> </ol>
<p><b>MINNESOTA</b></p>	<p>Minnesota Department of Human Services Background Studies Division P.O. Box 64172 St. Paul, MN 55164-0172</p> <p>Phone: 651-431-6620 Fax: 651-431-7670</p>	<p>Form Required: <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7125-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7125-ENG</a></p> <p>Additional Information may be available online: <a href="https://mn.gov/dhs/general-public/background-studies/">https://mn.gov/dhs/general-public/background-studies/</a></p>
<p><b>MISSISSIPPI</b></p>	<p>Mississippi State Department of Human Services Division of Family and Children's Services, Protection Unit, Child Abuse Central Registry P.O. Box 352 Jackson, MS 39205-0352</p> <p>Phone: 601-359-4487</p>	<p>Form Required: Child Abuse/Neglect (CA/N) Common Central Registry Application (Docu-sign form) <a href="https://na2.docusign.net/member/PowerFormSigni.ng.aspx?PowerFormId=648d8b01-c287-45f5-9d43-31f10f7a915f">https://na2.docusign.net/member/PowerFormSigni.ng.aspx?PowerFormId=648d8b01-c287-45f5-9d43-31f10f7a915f</a></p> <p><a href="http://www.dps.state.ms.us/wp-content/uploads/Authorization-to-">http://www.dps.state.ms.us/wp-content/uploads/Authorization-to-</a></p>

		<p><a href="#">Release-MS- Criminal-Record-Inquiry.pdf</a></p> <p>Complete instructions available here:  <a href="https://www.mdcps.ms.gov/wp-content/uploads/2016/05/can_ccr_app.pdf">https://www.mdcps.ms.gov/wp-content/uploads/2016/05/can_ccr_app.pdf</a></p> <p>Additional Information may be available online:  <a href="https://www.mdcps.ms.gov/prevent-child-abuseneglect/">https://www.mdcps.ms.gov/prevent-child-abuseneglect/</a></p>
<p><b>MISSOURI</b></p>	<p>Missouri Department of Health and Senior Services            Family Care Safety Registry            PO Box 570            Jefferson City, MO 65102-0570</p> <p>Phone: 866-422-6872 (8:00 a.m. – 3:00 p.m. weekdays)            Fax: 573-522-6981            Email: <a href="mailto:fcsr@health.mo.gov">fcsr@health.mo.gov</a></p>	<p>A Family Care Safety Registry screening checks seven Missouri-only databases. The individual must be registered before they can be screened for placement as a caregiver.</p> <p>A fee is collected at time of registration.</p> <p>Learn more about caregiver registration and how to request a Family Care Safety Registry screening at:  <a href="https://health.mo.gov/safety/fcsr/about.php">https://health.mo.gov/safety/fcsr/about.php</a></p>
<p><b>MONTANA</b></p>	<p>Records Request DPHHS/CFSD            PO Box 8005            Helena, MT 59604-8005</p> <p>DPHHS/CFSD            ATTN: Records Request Fax:            406-841-2046</p>	<p>Form Required:  <a href="https://dphhs.mt.gov/Portals/85/cfsd/documents/BackgroundChecks/cfs-lic-018releaseofinformation.pdf">https://dphhs.mt.gov/Portals/85/cfsd/documents/BackgroundChecks/cfs-lic-018releaseofinformation.pdf</a></p> <p>Completed form should be signed and notarized and submitted by mail or fax. Incomplete or Illegible forms will be returned.</p> <p>Additional Information may be available online:  <a href="http://dphhs.mt.gov/CFSD/BackgroundChecks.asp x#149211309-where-to-send-child-protective-service-background-check-requests">http://dphhs.mt.gov/CFSD/BackgroundChecks.asp x#149211309-where-to-send-child-protective-service-background-check-requests</a></p> <p>Questions should be emailed to:  <a href="mailto:ChildFamilyServicesDiv@mt.gov">ChildFamilyServicesDiv@mt.gov</a></p>

<p><b>NEBRASKA</b></p>	<p>Nebraska Department of Health &amp; Human Services Children &amp; Family Services, Policy Unit Attention Central Registry P.O. Box 95026 Lincoln, NE 68509</p> <p>Phone: 402 471 9272 Email: <a href="mailto:DHHS.CFSCentralRegistry@nebraska.gov">DHHS.CFSCentralRegistry@nebraska.gov</a></p>	<p>Requests are accepted via mail with the form below OR requests are accepted via our online portal found here: <a href="https://ecmp.nebraska.gov/DHHS-CR/">https://ecmp.nebraska.gov/DHHS-CR/</a></p> <p>Form Required: <a href="#">APS CPS CFS Form</a></p> <p>Form must be signed, notarized and mailed</p> <p>Additional Information may be available online: <a href="http://dhhs.ne.gov/Pages/Abuse-and-Neglect-Central-Registry.aspx">http://dhhs.ne.gov/Pages/Abuse-and-Neglect-Central-Registry.aspx</a></p> <p><i>Please note:</i> Requests via fax or e-mail are no longer accepted. There is a charge of \$2.50 per background check request with additional fees for payment processing when requests are completed on the online portal.</p>
<p><b>NEVADA</b></p>	<p>Nevada Division of child and Family Services Attn: Child Abuse and Neglect Records Check 4126 Technology Way, 1<sup>st</sup> Floor Carson City, NV 89706</p>	<p>Form Required: Request for Child Abuse &amp; Neglect Screening <a href="http://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Policies/CW/1607B_Request_for_Child_Abuse_and_Neglect_Screening_ADA(2).pdf">http://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Policies/CW/1607B_Request_for_Child_Abuse_and_Neglect_Screening_ADA(2).pdf</a></p> <p>Type or print clearly on the correct request form. Please ensure the form is completed in its entirety as incomplete and/or illegible forms may delay processing time.</p> <p>Email the completed form to <a href="mailto:DCFS-CANS@dcfs.nv.gov">DCFS-CANS@dcfs.nv.gov</a></p> <p>For additional questions or if a response is not received within 15 business days of the request, please email <a href="mailto:DCFS-CANS@dcfs.nv.gov">DCFS-CANS@dcfs.nv.gov</a> or call (775)684-7941.</p> <p>Additional Information may be available online: <a href="http://dcfs.nv.gov/Forms/CentralRegistry/">http://dcfs.nv.gov/Forms/CentralRegistry/</a></p>
<p><b>NEW HAMPSHIRE</b></p>	<p>NHDCYF Central Registry 129 Pleasant Street</p>	<p>Form Required (2202A): <a href="https://www.dhhs.nh.gov/oos/cclu/ycp/do">https://www.dhhs.nh.gov/oos/cclu/ycp/do</a></p>

	<p>Concord, NH 03301</p> <p>Phone: 603-271-8383 Fax: 603-271-4729</p>	<p><a href="#">cuments/central-registry-search-release.pdf#:~:text=STATE%20OF%20NEW%20HAMPSHIRE%20Department%20of%20Health%20and,be%20unlawful%20for%20any%20employer%20other%20than%20th ose</a></p> <p>Must be signed and notarized</p> <p>Form must be mailed, and include a self-addressed stamped envelope.</p>
<p><b>NEW JERSEY</b></p>	<p>Department of Children &amp; Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: : 877-667-9845</p> <p>State Central Registry: 877 NJ ABUSE (877) 652-2873</p>	<p><b>Submit requests through:</b> <a href="http://www.njportal.com/dcf/cari">www.njportal.com/dcf/cari</a> Click on the <b>Out of State “File an Out of State CARI”</b> button. You will need the following information to complete the application: <b>Requesting agency contact information - name, phone number, email address, and physical address.</b></p> <p>Please cite the statute that requires you to obtain the child abuse/neglect background check(s) and identify the reason for the background check(s) (i.e. employment, domestic/international adoption for resource (foster) care.)</p> <p>The information that the CARI Unit requires on the individual includes all aliases (married, maiden names, nicknames), race, date of birth, and <u>all</u> addresses where the person(s) resided while living in the State of New Jersey. Please include timeframe (days/months/years) when the individual lived in New Jersey. If the exact address is not known by the individual, the city or county that he/she lived in during the timeframe will suffice. Social security number is optional.</p> <p>If purpose is adoption or foster placement and you are not a governmental agency, <i>include a copy of the State agency license or certification for your agency or facility.</i> This can be uploaded during the last step.</p> <p>If other than an Adam Walsh, Hague Convention or UAA of 2012 request, or the Child Care and Development Block Grant Act include a copy of the legal authority (e.g. law, statute, administrative rule) which compels the disclosure of CARI information.</p>

<p><b>NEW MEXICO</b></p>	<p>CYFD Protective Services PO Drawer 5160 CRC Unit Room 225 Santa Fe, NM 87502-5160</p> <p>Phone: 505-827-8400 Email: <a href="mailto:cyfd.pscriminalreco@state.nm.us">cyfd.pscriminalreco@state.nm.us</a></p>	<p>This can be uploaded during the last step.</p> <p>Due to the Coronavirus pandemic in New Mexico <b>at this time, CYFD is not receiving physical mail - Please send <u>all</u> applications and requests via e-mail.</b></p> <p><b><u>Adam Walsh Abuse and Neglect Checks</u></b></p> <ul style="list-style-type: none"> <li>• For CPS History use the PDF Named <a href="#">Disclosure of Confidential Information</a> and send to <a href="mailto:SCI.LEReports@state.nm.us">SCI.LEReports@state.nm.us</a>.</li> <li>• For Out of State Foster and Adoption use PDF Named the <a href="#">NM Abuse and Neglect Form</a> and Email to <a href="mailto:CYFD.PSCriminalReco@state.nm.us">CYFD.PSCriminalReco@state.nm.us</a></li> <li>• For Employment please email <a href="mailto:CYFD.BCU@state.nm.us">CYFD.BCU@state.nm.us</a> and use their form. <a href="#">2020 NM ABUSE NEGLECT CHECK REQUEST</a> [DOC]</li> </ul> <p><b>New Forms and Additional Information Located Here: <a href="https://cyfd.org/providers/info-and-manuals">https://cyfd.org/providers/info-and-manuals</a></b></p>
<p><b>NEW YORK</b></p>	<p>Office of Children &amp; Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204</p> <p>Phone: 518-474-5297 Fax: 518-486-3424</p>	<p>Form Required: Adam Walsh Child Protective and Safety Act of 2006 (multiple languages available); Search “Adam Walsh” in the search box on this page: <a href="http://ocfs.ny.gov/main/documents/docsKeyword.a.sp">http://ocfs.ny.gov/main/documents/docsKeyword.a.sp</a> (<a href="#">Click here for form to request records for potential Child Care providers</a>)</p> <p>Form must be signed and notarized;</p>
<p><b>NORTH CAROLINA</b></p>	<p>NC Division of Social Services 952 Old US Hwy 70, Black Mountain, NC 28711 Attn: RIL</p> <p>Fax: (984) 285-7159, Attn: RIL Phone: 828-232-3160</p>	<p>Form Required:</p> <p><a href="https://policies.ncdhhs.gov/divisional/social-services/forms/dss-5268-responsible-individuals-list-ril-information-request/@@display-file/form_file/dss-5268-ia.pdf/">https://policies.ncdhhs.gov/divisional/social-services/forms/dss-5268-responsible-individuals-list-ril-information-request/@@display-file/form_file/dss-5268-ia.pdf/</a></p> <p>Must be signed and submitted via fax or Mail; If mailed, a self-addressed stamped envelope must be included.</p>
<p><b>NORTH DAKOTA</b></p>	<p>Department of Human Services Children &amp; Family Services 600 E. Boulevard Avenue, Dept 325</p>	<p>Form Required: For the purposes of requesting CPS history for an open investigation, request can be made on agency letterhead and e-mailed to <a href="mailto:dhscfs_cani@nd.gov">dhscfs_cani@nd.gov</a> or fax to:</p>

	<p>Bismarck, ND 58505</p> <p>Phone: 701-328-2316 Fax: 701-328-3538</p>	<p>701-328-3538</p> <p>For other CA/N Index checks, applicants are required to complete a form: (<a href="https://www.nd.gov/eforms/Doc/sfn00433.pdf">https://www.nd.gov/eforms/Doc/sfn00433.pdf</a>) Submit to <a href="mailto:dhscfscbc@nd.gov">dhscfscbc@nd.gov</a> or Fax to: 701-328- 0358.</p>
<b>OHIO</b>	<p>Ohio SACWIS Registry Ohio Dept. of Job &amp; Family Services Office of Families &amp; Children PO Box 183204 Columbus, OH 43218-3204</p> <p>Phone: 614-752-1298 Fax: 614-728-6726</p>	<p>In order to submit requests, you will need to set up an Ohio ID and log into the state's OSAPS system. This system will assist you in logging your requests and also track the progress of a request. Link to create an ID and submit request: <a href="https://ap.ifs.ohio.gov">https://ap.ifs.ohio.gov</a></p> <p>OSAPS Log-in: <a href="https://ap.ifs.ohio.gov/Login.aspx">https://ap.ifs.ohio.gov/Login.aspx</a></p> <p>OSAPS Q&amp;A: <a href="http://jfs.ohio.gov/ocf/SACWIS-AllegedPerpetratorSearch.stm">http://jfs.ohio.gov/ocf/SACWIS-AllegedPerpetratorSearch.stm</a></p>
<b>OKLAHOMA</b>	<p>Email: <a href="mailto:caniscps@okdhs.org">caniscps@okdhs.org</a> Fax: 405-521-4373</p>	<p>****Please note: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter stating the above information. <a href="https://ccrrpublicijl.okdhs.org/ccrrpublicijl/public/">https://ccrrpublicijl.okdhs.org/ccrrpublicijl/public/</a></p>
<b>OREGON</b>	<p>Oregon Department of Human Services Background Check Unit P.O. Box 14870 Salem, OR 97309</p>	<ul style="list-style-type: none"> <li>•Form can be located here: <a href="https://apps.state.or.us/Forms/Served/me2702.doc">https://apps.state.or.us/Forms/Served/me2702.doc</a></li> <li>•Form must be type-written and signed.</li> <li>•E-mail completed forms to Adam-Walsh.Oregon@dhsosha.state.or.us</li> </ul>



	<p>Phone: 503-378-5470          Fax: 503-378-6314          Attn: Adam Walsh Coordinator          Email:          Adam-Walsh.Oregon@dhsosha.state.or.us</p>	<p>•If needed or an open CPS investigation, you can send an email to the following email address explaining in the body why you need the information and include name, DOB, etc. for the individual:DHS.RecordsRequest@dhsosha.state.or.us</p>
<p><b>PENNSYLVANIA</b></p>	<p><b>ChildLine and Abuse Registry</b>          Pennsylvania Department of Human Services          PO Box 8170          Harrisburg, PA 17105-8170          Phone: 717-783-6211 or toll free 1-877-371-5422</p> <p>•To Obtain Clearances for emergency placements. contact ChildLine at 1-800-932-0313          Note: Only children and youth agencies from other states can make an emergency request for placement clearances.</p>	<p>The Pennsylvania Child Abuse History clearance can be submitted and paid for online through the <a href="#">Child Welfare Information Solution (CWIS) self-service portal</a>.          Submitting an application online allows individual applicants to receive their results through an automated system that will notify them once their results have been processed. Applicants will be able to view and print their results online.</p> <p>Paper submissions will still be accepted for anyone who may not have access to the internet. Please note, results will be received more quickly if applied for electronically through the <a href="#">self-service portal</a>.          Form CY113:  <a href="http://www.keepkidssafe.pa.gov/cs/groups/webcontent/documents/form/s_001762.pdf">http://www.keepkidssafe.pa.gov/cs/groups/webcontent/documents/form/s_001762.pdf</a></p> <p><b>Cost: \$13</b></p> <p>Additional Info:  <a href="http://www.keepkidssafe.pa.gov/resources/clearances/pachildhistory/index.htm">http://www.keepkidssafe.pa.gov/resources/clearances/pachildhistory/index.htm</a></p>
<p><b>PUERTO RICO</b></p>	<p>Directora Centro Estatal PO Box 194090          San Juan, PR 00919          Phone: 787-625-4900</p> <p>E-mail contacts: Lisa M. Agosto Carrasquillo  <a href="mailto:lmagosto@familia.pr.gov">lmagosto@familia.pr.gov</a> or          Damaris Medina Ramos  <a href="mailto:dmedina@familia.pr.gov">dmedina@familia.pr.gov</a></p>	<p>Register of Convicted Persons for Sexual Offenses and Child Abuse  <a href="http://sor.cjis.pr.gov/">http://sor.cjis.pr.gov/</a></p> <p>Form Required:  <a href="#">Puerto Rico Request Form</a></p>
<p><b>RHODE ISLAND</b></p>	<p>The Department of Children, Youth and Families          Attn: Jan Mitchell, Record Center          101 Friendship Street          Providence, RI 02903</p>	<p>No form Required. Print request on letterhead, and include the following:          A signed release from both the individual and the staff from the agency requesting the clearance. You may send this release on agency letterhead.</p>

	<p>Phone: 800-742-4453 or 401-528-3842          Fax: 401-528-3480</p>	<p>Please also include:</p> <ul style="list-style-type: none"> <li>o Name</li> <li>o DOB</li> <li>o Previous Rhode Island address(es), if known</li> <li>o Agency check or money order in the amount of \$10.00</li> </ul> <p>Made payable to "General Treasurer State of Rhode Island"          Cash and personal checks are not accepted          All requests must be mailed, we do not accept electronic payment</p>
<p><b>SOUTH CAROLINA</b></p>	<p>outh Carolina Department of Social Services          Attn: Cashier          1535 Confederate Avenue          PO Box 1520          Columbia, SC 29202          Phone: 803-898-7318</p>	<p>Form Required:  <a href="https://dss.sc.gov/media/1753/dss-form-3072_rev_may-18.pdf">https://dss.sc.gov/media/1753/dss-form-3072_rev_may-18.pdf</a></p> <p>Fee: \$8 payable by check or money order          Form must be signed and witnessed or notarized          and submitted via mail; include a stamped self-addressed envelope          Additional Information may be available online:  <a href="https://dss.sc.gov/content/customers/protection/cps/cr/index.aspx">https://dss.sc.gov/content/customers/protection/cps/cr/index.aspx</a></p>
<p><b>SOUTH DAKOTA</b></p>	<p>Department of Social Services          Office of Licensure &amp; Accreditations, 910 E Sioux Ave,          Pierre, SD 57501</p> <p>Phone: 605-773-3612          Fax: 605-Fax: 773-7294</p>	<p>Form Required:  <a href="http://www.centerforchildwelfare.org/ChildProtective/2020_DSS_SD_Agency_Screening_Form.pdf">http://www.centerforchildwelfare.org/ChildProtective/2020_DSS_SD_Agency_Screening_Form.pdf</a></p> <p>Submit requests by mail to: DSS-Division Child Protection, 910 E Sioux Ave          Pierre, SD 57501-2291 or          email: <a href="mailto:DSSCRS@state.sd.us">DSSCRS@state.sd.us</a></p> <p>Central Registry of Child Abuse &amp; Neglect Information Brochure  <a href="https://dss.sd.gov/formsandpubs/docs/ABUSE/CentralRegistry.pdf">https://dss.sd.gov/formsandpubs/docs/ABUSE/CentralRegistry.pdf</a></p>
<p><b>TENNESSEE</b></p>	<p>Email:  <a href="mailto:EI_DCS_CPS_CentralRegistryC heck@tn.gov">EI_DCS_CPS_CentralRegistryC heck@tn.gov</a></p>	<p>Form Required: Tennessee DCS Database Search Results form Available on this page:  <a href="https://files.dcs.tn.gov/forms/0741.pdf">https://files.dcs.tn.gov/forms/0741.pdf</a></p> <p>Submit for EACH applicant for whom you are requesting a search:</p>

		<p>A cover letter (notice) on your agency’s letterhead stating the reason you are requesting a central registry search. Attached “Tennessee DCS Database Search Results” form completed in Word format. Copy of current agency license (if a CPA/private adoption agency). For independent home study writers, please include proof or verification noting your approval as a home study writer). A copy of the person’s signed “authorization to release information” specifically stating information is to be shared from Tennessee Department of Children’s Services with your agency. NOTE: <b>This is NOT a TN form.</b> This is a form that your agency should have, giving permission for “your” agency to “request” the information and “our” agency (TN Dept. of Children’s Services) to “release” any CPS history information to “you”.</p> <p>Additional Information may be available online: <a href="https://www.tn.gov/dcs/contact-us/records-management-division/cps-history.html">https://www.tn.gov/dcs/contact-us/records-management-division/cps-history.html</a></p>
<p><b>TEXAS</b></p>	<p>CBCU TX Abuse Neglect BGC, M/C 121-7 PO Box 149030 Austin, TX 78714</p> <p>Phone: 1-800-645-7549 Fax: 512-339-5829</p> <p>Email: <a href="mailto:TXAbuseNeglectBGC@dfps.state.tx.us">TXAbuseNeglectBGC@dfps.state.tx.us</a></p>	<p>Central Registry requests from an out-of-state protective service agency to assist an open investigation or other case open action must be faxed on your state agency's letterhead to Statewide Intake: 800-647-7410 or 512-339-5900.</p> <p>Form must be notarized and submitted via fax</p> <p>An individual may use form 2970 to request a Texas Department of Family and Protective Services Central Registry Abuse and Neglect check on him or herself: <a href="http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=F-500-2970.pdf">http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=F-500-2970.pdf</a></p>
<p><b>UTAH</b></p>	<p>Department of Human Services Division of Child &amp; Family Services Attn: Child Abuse Background</p>	<p>Form Required: <a href="https://dcfs.utah.gov/wp-content/uploads/2019/09/ChildAbuseCentralRegistryRequest-0919.pdf">https://dcfs.utah.gov/wp-content/uploads/2019/09/ChildAbuseCentralRegistryRequest-0919.pdf</a></p> <p>Please also include a copy of one of the</p>

	<p>Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: 801-538-4100 or 801-538-4171 Fax: 801-538-3993</p>	<p>following photo identifications:</p> <ul style="list-style-type: none"> <li>•Valid Driver’s License</li> <li>•State Identification Card</li> <li>•Passport ID</li> </ul> <p>E-mail form to: <a href="mailto:dcfscentralregistry@utah.gov">dcfscentralregistry@utah.gov</a></p> <p>If unable to e-mail, the completed form can be faxed or mailed to the fax number/address on the left</p> <p>Additional Information may be available online: <a href="http://dcfs.utah.gov/">http://dcfs.utah.gov/</a></p>
<p><b>VERMONT</b></p>	<p>Vermont Department for Children &amp; Families Residential Licensing &amp; Special Investigations 280 State Drive HC1 N., Bldg. B Waterbury, VT, 05671-1030 Phone: 802-241-0873 Fax: 802-241-0919 <a href="mailto:joann.berno@vermont.gov">joann.berno@vermont.gov</a></p>	<p>Form Required:</p> <p>Please send your request on your Agency’s letterhead with name, alias’ and DOB to: <a href="mailto:joann.berno@vermont.gov">joann.berno@vermont.gov</a> or fax it to: 802-241-0919</p>
<p><b>VIRGINIA</b></p>	<p>Virginia Department of Social Services Office of Background Investigations – Search Unit 801 East Main Street, 6<sup>th</sup> Floor Richmond, VA 23219</p>	<p>Form Required: <a href="http://www.dss.virginia.gov/files/division/licensin/g/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf">http://www.dss.virginia.gov/files/division/licensin/g/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf</a></p> <p>Fee: \$10 , must be money order, company/business check or cashier’s check made payable to Virginia Department of Social Services</p> <p>Form must be mailed</p>
<p><b>WASHINGTON</b></p>	<p>Department of Children, Youth, and Families 1310 Jefferson ST SE P.O. Box 40993 Olympia, WA 98504 Email: <a href="mailto:canhistorychecks@dcyf.wa.gov">canhistorychecks@dcyf.wa.gov</a> Phone: 1-800-998-3898 Fax: 1-206-341-7930</p> <p><b>Mail form with fee to:</b></p>	<p>Form Required: Washington State Child Abuse and Neglect Founded Findings Request from Another State (form <a href="#">DCYF 23-041</a>) <a href="https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks">https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks</a></p> <p>Fee: \$20, check payable to Department of Children, Youth, and Families (DCYF) *Form must be typed, not handwritten, and signed. Any handwritten or incomplete forms will be returned.</p>

	<p><b>Department of Children, Youth, and Families ATTN: FISCAL</b>  <b>PO Box 40970</b>  <b>Olympia, WA 98504-0970</b></p> <p><b>Check the website for our new portal to submit electronic CA/N history check requests. The new portal is expected to go live in early 2021.</b></p> <p><a href="https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks">https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks</a></p>	<p>*Completed forms must be submitted by mail.</p> <p>Requests from State Child Protective Service Investigators  For a Public Child Welfare agency requesting CA/N history as part of a CPS or Child Welfare investigation, the request must be submitted on the state agency's letterhead and include language indicating the subjects are part of an ongoing investigation. For specific instructions, click:  <a href="https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks">https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks</a>  Email requests to:  <a href="mailto:canhistorychecks@dcyf.wa.gov">canhistorychecks@dcyf.wa.gov</a> or Fax to 206-341-7930</p>
<p><b>WEST VIRGINIA</b></p>	<p>Bureau of Children and Families  350 Capitol Street, RM 691  Charleston, WV 25301</p> <p>Phone: 304-558-7980</p>	<p>Form Required:  <a href="https://dhhr.wv.gov/bcf/Providers/Documents/AUTHORIZATIONRELEASERECORDCHECKFOSTERADOPTONLY.pdf">https://dhhr.wv.gov/bcf/Providers/Documents/AUTHORIZATIONRELEASERECORDCHECKFOSTERADOPTONLY.pdf</a></p> <p>Child Care Agencies use this form:  <a href="https://dhhr.wv.gov/bcf/Providers/Documents/AUTHORIZATIONRELEASERECORDCHECK.pdf">https://dhhr.wv.gov/bcf/Providers/Documents/AUTHORIZATIONRELEASERECORDCHECK.pdf</a></p> <p>Form should be filled out using blue ink; original should be submitted via mail to address listed on form.</p>
<p><b>WISCONSIN</b></p>	<p>Department of Safety and Permanence  201 E. Washington Street  Madison, WI 53703 Email:  <a href="mailto:CWBckgrdRequests@wisconsin.gov">CWBckgrdRequests@wisconsin.gov</a>  Fax: (608) 226-5521</p>	<p>Form Required: DCF-F-5065-E Request for Child Protective Services Background Check for Certain Purposes. Search for Form #5065 on this page to access form in English, Hmong, or Spanish:  <a href="https://dcf.wisconsin.gov/forms">https://dcf.wisconsin.gov/forms</a>  Or click here for the direct link to the English version:  <a href="https://dcf.wisconsin.gov/files/forms/doc/5065.doc">https://dcf.wisconsin.gov/files/forms/doc/5065.doc</a> Form can be emailed or faxed. Hand-written signatures are required</p>
<p><b>WYOMING</b></p>	<p>Department of Family Services  Central Registry  2300 Capitol Ave, 3<sup>rd</sup> Floor  Cheyenne, WY 82002</p>	<p>Additional information and forms available on their website:  <a href="https://dfs.wyo.gov/about/central-registry/">https://dfs.wyo.gov/about/central-registry/</a>  dates of birth, and social security numbers for all individuals being screened  Application should be submitted by mail.</p>

*Updated 5/12/2021*

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Additional Information may be available  
online:

<https://sites.google.com/a/wyo.gov/dfsweb/central-registry>