



DC Child Protection Register (CPR) Check Request Application

This is a "fillable" PDF form. Download it on your computer, save it with applicant name and submission date: "John-Doe-App-10-01-2023" (no periods, punctuation, special characters or spaces in the file name). Type this form. If you print it and handwrite, print clearly in block lettering. Forms are returned if incomplete, incorrect or the handwriting is not clear.

I. THE REQUESTOR COMPLETES THIS SECTION

<input checked="" type="checkbox"/> NEW REQUEST (The applicant does not have a CPR clearance on file with this requestor)	Date Needed	
<input type="checkbox"/> RENEWAL REQUEST (The applicant has a CPR clearance on file with this requestor)	Date of Last Results	

Please call 202-727-8885 or email cfsa.cpr@dc.gov for special circumstances needing expedited results.

Request Purpose: Check Only One (if unsure, contact the CPR office at 202-727-8885 or cfsa.cpr@dc.gov)			
Employment	<input checked="" type="checkbox"/> Employment suitability determination (employee/contractor/sub-contractor/volunteer/fellow/intern)		
Child Welfare	<input type="checkbox"/> Adoption/Guardianship/Foster Care/Kin Care	<input type="checkbox"/> Household Member	<input type="checkbox"/> Back-Up Caregiver
	<input type="checkbox"/> Grandparent/Relative Caregiver Subsidy	<input type="checkbox"/> Investigation	<input type="checkbox"/> Court <input type="checkbox"/> Custody Determination
Self-check	<input type="checkbox"/> Personal Use (may not be used for employment, child welfare or licensing purposes)		
Contact Name/Title			
Organization Name	ND DHHS, Criminal Background Check Unit		
Requestor Address	600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250		
Requestor Phone #	701-328-7575	Requestor Email	dhscfscbc@nd.gov
If the employer has a contract/sub-contract with a DC Gov't agency, list the agency here	n/a		

Results are sent to the requestor by encrypted email. The encrypted email link will expire 30 days after it is sent. Please check the email junk or spam folder if you have not received the results within 14 days for initial checks or 30 days for renewal checks.

II. THE APPLICANT COMPLETES THIS SECTION

First Name		Middle Name (type "no middle name" if none)		Last Name (include suffix if applicable)	
Preferred Phone Number			Email Address		
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell					
Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	If you don't have an SSN, confirm below		Sex (on birth certificate)	
		<input type="checkbox"/> I am not a U.S. Citizen; I have no SSN		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Other Names Used (maiden name, previous married name, legal name change, nicknames, alias, etc.)					
Other First Name	Other Middle Name	Other Last Name	Nickname		
Household Members (spouse/partner, relative, roommate, tenant) & Children (biological, adopted, foster, step, adult children, living at home or not)					
Name (first name, middle name, last name)		Date of Birth	Relationship to Applicant		

RESIDENCY INFORMATION. *List all addresses, and the start and end dates, to the best of your ability.*

- ▶ **Applicants for employment purposes** working in DC must include all addresses of residence for the **last five (5) years.**
- ▶ **Back-up caregivers, adult household members, subsidy recipients and individuals requesting a self-check** living in DC must include all addresses of residence for the **last five (5) years.**
- ▶ **Applicants for adoption, guardianship, foster care, and kinship care** must provide *all District of Columbia* addresses **since turning age 18, going back no further than 2002**, per the Improved Child Abuse Investigations Amendment Act of 2002, D.C. Law 14-206, § 4-1302.03.

To help remember your previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

Street Address (Include Quadrant and Apt # if applicable)	City, State, Zip	Start – End Dates (MM/YYYY – MM/YYYY)
<i>(EXAMPLE) 100 J Street NW, Apt. B</i>	<i>Washington, DC 20000</i>	<i>10/2018 -present</i>

APPLICANT CONSENT & IDENTITY VERIFICATION

I hereby confirm that I have provided complete and accurate information. I understand that if I knowingly provide incomplete or false information, I may be subject to fines. I consent and authorize the D.C. Child and Family Services Agency to provide the Requestor information about me that may be contained in the Child Protection Register (“CPR”).

Applicant Printed Name _____ Applicant Signature _____ Date _____

I will submit a color copy of a government-issued, photo identification that includes my DOB with this application

IMPORTANT: This application contains personally identifiable information (PII) and should only be shared via secure methods.

- NEVER submit your CPR application and ID by email.
- Upload the CPR application and ID through the CFSA website <https://cfsa.dc.gov/service/child-protection-register-cpr>.