



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

*Please call 202-727-8885 or email [cfsa.cpr@dc.gov](mailto:cfsa.cpr@dc.gov) for special circumstances needing expedited results.*

<b>Request Purpose: Check Only One</b> (if unsure, contact the CPR office at 202-727-8885 or <a href="mailto:cfsa.cpr@dc.gov">cfsa.cpr@dc.gov</a> )			
<b>Employment</b>	<input type="checkbox"/> Employment suitability determination (employee/contractor/sub-contractor/volunteer/fellow/intern)		
<b>Child Welfare</b>	<input checked="" 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
<b>Self-check</b>	<input type="checkbox"/> Personal Use (may not be used for employment, child welfare or licensing purposes)		

<b>Contact Name/Title</b>			
<b>Organization Name</b>	ND DHHS, Criminal Background Check Unit		
<b>Requestor Address</b>	600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250		
<b>Requestor Phone #</b>	701-328-7575	<b>Requestor Email</b>	dhscfscbc@nd.gov
<b>If the employer has a contract/sub-contract with a DC Gov't agency, list the agency here</b>	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

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

