



Child Abuse History Record Request for Child Care Personnel Employment

NOTE: This form MUST be submitted by the agency identified at the bottom of this page
The **APPLICANT MAY NOT SUBMIT THIS FORM DIRECTLY** to the Department of Children & Families
Only one applicant per release

TO BE COMPLETED BY THE APPLICANT

Was the applicant a resident of the State of Florida within the past 5 years? YES NO

Name: _____
(Please **Print Clearly**) Last First Middle

Full SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s), including Maiden: _____

Current **Non-Florida** Address: _____

Previous Florida Address: _____ (Include city, state, and Zip Code)
_____ FL _____ Dates: _____

Previous Florida Address: _____
_____ FL _____ Dates: _____

By signing this form, I, as an applicant for employment in child care, authorize a search for reports of abuse, neglect, or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting employer/agency/facility listed below on this form. (Chapter 39, F.S., Child Care and Development Block Grant Reauthorization, P.L. 113-186.)

Signature of Applicant _____ Date _____

TO BE COMPLETED BY THE REQUESTING AGENCY

Employment Type:

Group Home/Residential Care After School/Enrichment Day Care In-Home Day Care
 Pre-Kindergarten/Headstart Religious Exempt Other _____

Expected Position/Role of Applicant _____

Facility/Agency Name: NDDHHS, Criminal Background Check Unit

Address: 600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250
Mailing Address City State Zip Code

Representative/Contact Name: _____

Phone: 701-328-7575 Fax: 701-328-0358 Email: dhscfscbc@nd.gov

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Printed Name and Signature of Requesting Facility/Agency Representative _____ Date _____

Please return to DCF via email:
Attention: Child Welfare Record Request for Employment
Email: hqw.cwr.employment.requests@myflfamilies.com