

Name: _____

2) _____

From: _____ To: _____
(month) (year) (month) (year)

3) _____

From: _____ To: _____
(month) (year) (month) (year)

4) _____

From: _____ To: _____
(month) (year) (month) (year)

5) _____

From: _____ To: _____
(month) (year) (month) (year)

6) _____

From: _____ To: _____
(month) (year) (month) (year)

Please check applicant type:

Adoptive Parent Foster Parent Household Member Other **Child Care**
(explanation)

Please check guidelines for request:

Adam Walsh Child Protection and Safety Act of 2006 (Foster/Adoptive Applicants)

Hague Adoption Convention (International Adoption Applicants)

Other Law or Statute. Please explain. Child Care Development Block Grant (CCDGB)

A COPY OF THE APPLICABLE LAW OR STATUTE MUST BE PROVIDED WITH THIS APPLICATION

All applicants completing this form must read the following and sign below:

I consent to have the DCF-CARI Unit conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I hereby request and give informed consent for New Jersey Department of Children and Families to release the results of this CARI check to my agency. I release DCF, the Office of Legal Affairs, and the State of New Jersey from any liability for any adverse impact resulting from the release of the CARI check results to the agency.

Signature: _____ Date: _____