**PROSPECTIVE CAREGIVER CENTRAL REGISTRY CHECK**

**For use for adoptive and foster families, prospective caregivers, and Adam Walsh checks**

**Department of Child Safety (DCS) records are confidential and can be released only to those individuals permitted by state (A.R.S. § 8-807) and federal law.** This form is to be completed for all household members and requested information will be used to check the Child Safety Central Registry for any history of prior reports. Please return completed form to the EMAIL address listed above.

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| **ADOPTIVE PARENT’S NAME *(Last, First, Middle)*** | DATE OF BIRTH | SOC. SEC. NO. |
|       |       |       |
| OTHER NAMES USED *(Include maiden and/or prior married names)* |
|       |
| ADOPTIVE PARENT'S ADDRESS *(No., Street, City, State, ZIP)* |
|       |
| **ADOPTIVE PARENT'S’S NAME *(Last, First, Middle)*** | DATE OF BIRTH | SOC. SEC. NO. |
|       |       |       |
| OTHER NAMES USED *(Include maiden and/or prior married names)* |
|       |
| ADOPTIVE PARENT’S ADDRESS *(No., Street, City, State, ZIP)* |
|       |
| **OTHER ADULT HOUSEHOLD MEMBER’S NAME *(Last, First, Middle)*** | DATE OF BIRTH | SOC. SEC. NO. |
|       |       |       |
| OTHER NAMES USED *(Include maiden and/or prior married names)* |
|       |
| OTHER ADULT HOUSEHOLD MEMBER’S ADDITIONAL ADDRESS *(No., Street, City, State, ZIP)* |
|       |
| **OTHER ADULT HOUSEHOLD MEMBER’S NAME *(Last, First, Middle)*** | DATE OF BIRTH | SOC. SEC. NO. |
|       |       |       |
| OTHER NAMES USED *(Include maiden and/or prior married names)* |
|       |
| OTHER ADULT HOUSEHOLD MEMBER’S ADDITIONAL ADDRESS *(No., Street, City, State, ZIP)* |
|       |
| **OTHER ADULT HOUSEHOLD MEMBER’S NAME *(Last, First, Middle)*** | DATE OF BIRTH | SOC. SEC. NO. |
|       |       |       |
| OTHER NAMES USED *(Include maiden and/or prior married names)* |
|       |
| OTHER ADULT HOUSEHOLD MEMBER’S ADDITIONAL ADDRESS *(No., Street, City, State, ZIP)* |
|       |
| **Children’s Names** *(Include birth, adopted and any other minor children living in household). Adult children living in the household must be listed as an Other Adult above.* |
| CHILD’S NAME *(Last, First, Middle)* | DATE OF BIRTH |
|       |       |
| CHILD’S NAME *(Last, First, Middle)* | DATE OF BIRTH |
|       |       |
| CHILD’S NAME *(Last, First, Middle)* | DATE OF BIRTH |
|       |       |
| CHILD’S NAME *(Last, First, Middle)* | DATE OF BIRTH |
|       |       |
| CHILD’S NAME *(Last, First, Middle)* | DATE OF BIRTH |
|       |       |
| CHILD’S NAME *(Last, First, Middle)* | DATE OF BIRTH |
|       |       |
| **I certify that all information provided is true and accurate to the best of my knowledge.** |
| ADOPTING PARENT’S SIGNATURE | DATE |
|  |       |
| ADOPTING PARENT’S SIGNATURE | DATE |
|  |       |
| OTHER ADULT HOUSEHOLD MEMBER'S SIGNATURE | DATE |
|  |       |
| OTHER ADULT HOUSEHOLD MEMBER'S SIGNATURE | DATE |
|  |       |
| OTHER ADULT HOUSEHOLD MEMBER'S SIGNATURE | DATE |
|  |       |
| **NAME OF AGENCY REQUESTING CENTRAL REGISTRY RECORDS CLEARANCE**  | AREA CODE AND PHONE NO. |
|       |       |
| **NAME OF REQUESTOR** | EMAIL ADDRESS |
|       |       |
| REQUESTOR’S SIGNATURE | DATE |
|  |       |

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| NAME AND ADDRESS OF **AGENCY** TO RECEIVE INFORMATION FROM CENTRAL REGISTRY ***(THIS BLOCK MUST BE COMPLETED)***       | **TO BE COMPLETED BY DCS PERSONNEL** |
| Central Registry information checked: |   |
| [ ]  There are no substantiated reports. [ ]  \_\_\_\_\_\_Report(s) attached. RID: \_\_\_\_\_\_\_\_\_\_ |
| SIGNATURE OF PERSON CHECKING CENTRAL REGISTRY | DATE |

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