

**Pascua Yaqui Tribe
Social Services - Administration
Children's Unit Background Check Request**

This form is to be completed for all household members 18 years old and older. The requested information will be used to check the Child Protective Services background history of prior and/or current reports.

APPLICANT #1 NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
OTHER NAMES USED		
APPLICANT #1 ADDRESS (No., Street, City, State, ZIP)		
APPLICANT #2 NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
OTHER NAMES USED		
APPLICANT #2 ADDRESS (No., Street, City, State, ZIP)		
OTHER ADULT HOUSEHOLD MEMBER'S NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
OTHER NAMES USED		
OTHER ADULT HOUSEHOLD MEMBER'S ADDRESS (No., Street, City, State, ZIP)		
OTHER ADULT HOUSEHOLD MEMBER'S NAME (Last, First, Middle)	BIRTHDATE	SOC. SEC. NO.
OTHER NAMES USED		
OTHER ADULT HOUSEHOLD MEMBER'S ADDRESS (No., Street, City, State, ZIP)		
Children's Names (Include birth, adopted and any other children living in household)		
CHILD'S NAME (Last, First, Middle)	BIRTHDATE	
CHILD'S NAME (Last, First, Middle)	BIRTHDATE	
CHILD'S NAME (Last, First, Middle)	BIRTHDATE	
CHILD'S NAME (Last, First, Middle)	BIRTHDATE	
CHILD'S NAME (Last, First, Middle)	BIRTHDATE	
<i>I certify that all information provided is true and accurate to the best of my knowledge.</i>		
APPLICANT #1 SIGNATURE	DATE	
APPLICANT #2 SIGNATURE	DATE	
CPS Notes/Additional Comments:	TO BE COMPLETED BY CPS PERSONNEL	
	Date background checked: _____ <input type="checkbox"/> There were no substantiated reports. <input type="checkbox"/> Reports(s) attached	
	Signature of person checking Background	DATE
CPS Supervisor Signature	DATE	