

**INSTRUCTIONS FOR COMPLETING THE  
CHILD ABUSE/NEGLECT CENTRAL REGISTRY CLEARANCE REQUEST (DHR-FCS-1598)**

**Purpose:** This form is used to request information from the Child Abuse/Neglect (CA/N) Central Registry for employees or potential employees who will provide unsupervised care and supervision for children.

**Instructions:** The person/agency/organization requesting the clearance **must** provide an **original (with original signatures) and one (1) copy** of the 1598 Form with all information completed. The 1598 must be signed and dated (in the appropriate locations) by the person or agency/organization requesting the clearance, the person being cleared, and a witness. Completed 1598s must be submitted within ninety (90) days of the date the form was signed by the person to be cleared.

Employees or potential employees of child placing agencies; residential child care facilities; day and night time care centers; exempt day care centers and Adam Walsh Act Requests must submit the original and one (1) copy of the 1598 to the State Department of Human Resources, Office of Child Protective Services, CA/N Central Registry, 50 Ripley Street, Montgomery, AL 36130. **Note: Only Federal Express delivers overnight mail to this physical address.** All others request should submit the completed 1598 to their County Department of Human Resources.

Complete the 1598 by **printing or typing** all information in black or blue ink on the original. Attach additional pages as needed to provide all requested information.

**Requesting Person or Agency/Organization** Enter the name of the person, agency, or organization requesting the clearance.

**Mailing Address** Enter the complete mailing address of the person, agency, or organization requesting the clearance.

**Telephone Number** Enter the telephone number including area code of the person, agency, or organization requesting the clearance.

**Email Address (Optional)** Enter Email address of the person, agency, or organization requesting the clearance.

**PRINT Requestor's Name** **PRINT** the name of the person, agency, or organization requesting the clearance.

**Requestor's Signature / Date** Signature of the person or the agency's/organization's designee and the date the 1598 is signed.

**Witness Signature / Date** Signature of the person witnessing the requestor's signature and the date the 1598 is signed.

**Check All That Apply** Enter "X" in the box that indicates the person/agency/organization requesting the clearance. Persons applying to be certified as a provider of Medicaid Rehabilitation services need to enter "X" in the "Medicaid Rehab Provider – DHR Vendor" box. When none of these categories apply, enter "X" in the "Other" box and specify the nature of the business where the person will provide unsupervised care and / or supervision of children.

**Employee / Volunteer / Other** Select the appropriate category indicating the relationship of the person being cleared to the requesting entity.

**Name And Identifying Information** Enter the name, sex, race, date of birth, and current mailing address of the person being cleared.

**Alias, Maiden & Prior Married Name(s)** Enter all aliases, maiden, and prior married names ) for the person being cleared. **Enter N/A if not applicable.**

**Name / DOB of Spouse & Former Spouse(s)** Enter the name and date of birth of the spouse and any former spouses of the person being cleared. **Enter N/A if not applicable.**

**Name / DOB of Children / Stepchildren** Enter the name and date of birth of all children and any stepchildren of the person being cleared. **Enter N/A if not applicable.**

**Alabama Counties** Enter the name of all Alabama counties where the person being cleared has lived and/or worked.

**To be completed by person being cleared** The person being cleared must sign and date the 1598. A witness must also sign and date the 1598 verifying the signature of the person being cleared.

**Submitting Completed 1598s To The Department of Human Resources**

A CA/N Central Registry clearance will be conducted by the County or State Department of Human Resources following receipt of an accurately completed, signed, and dated 1598 to determine if the name of the person being cleared is located in the CA/N Central Registry. Documentation of the results of this clearance will be noted in the **To be completed by DHR** section.

The person/agency/organization making the request is notified that (1) there is a substantiated (i.e., “indicated”) report involving the person being cleared; or (2) there is no report located involving the person being cleared; or (3) the request was denied and the reason why; or (4) there is an “other” disposition which will be explained. When a substantiated (i.e., indicated) report is located on the person being cleared, information about that report will be provided to the person/agency/organization making the request.

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