ALABAMA DEPARTMENT OF HUMAN RESOURCES CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form. ** <u>See instructions</u> for the address to use when submitting this form. **

** <u>See</u>	instructions for the a	address to use when submittin	g this form. **
Requesting Person or Agency/Organiza	tion		Check All That Apply
Mailing Address			Child Placing Agency
			Residential Child Care Facility
			Child Day / Night Care Center
Telephone Number ()	Emai	1:	Family Day / Night Care Home
PRINT Requestor's Name			Exempt Child Day Care Center
Requestor Signature		Date	Medicaid Rehab. Provider DHR Vendor
Witness Signature		Date	Other (Please Specify)
Alias, Maiden & Prior Married N	Jame(s) ner Spouse(s)		Race DOB/
Alabama counties where person has lived and/or worked			
Attach ad	lditional pages as nee	ded to provide all information	requested above.
To be completed by person being	cleared		
Registry about me to the above nam	ed person/agency/orga ase the Department of I	nization. I hereby waive any ri Human Resources, its officers, a	d in the Child Abuse / Neglect Central ght to any review or hearing to which I may and employees from any and all claims concerning me.
Signature	Date	Signature of Witness	Date
To be completed by DHR			
	l above has been nar	ned as being responsible for	eted with the information provided to child abuse or neglect in Alabama. d abuse / neglect.
Substantiated report (i.e., ind	icated) located. See	attached information.	
Type Report: Physical	Abuse 🗌 Neglect 🗌 S	Sexual Abuse 🗌 Mental Abuse	/ Neglect

□ No report located.

Request Denied

Other

Office of Child Protective Services