

Date _____

TO: Child Abuse Central Registry
Division of Family & Children's Services
Office of Social Services
P.O. Box 352
Jackson, MS 39205

FROM: Name _____
Title _____
Agency _____
Address _____

Please check the central registry for the following applicant for:

- Foster/Adoption: _____
- MDHS Employee: _____
- Relative Resource Parent: _____
- Priority Processing (relative resource parent only): _____
- Volunteer Internship: _____
- Other: _____ (please specify) _____

PLEASE PRINT

Name _____

Address _____

DOB _____

Social Security Number _____

Telephone number where applicant can be reached _____

I understand that this information must be kept confidential with my agency. I have on file a signed release form from the above applicant(s) for this information.

To be completed by MDHS Office of Family and Children's Service Staff

Findings:

_____ No information found in the central registry.

_____ The following information was found in the central registry.

Signature _____ Date _____