

**STATE OF LOUISIANA  
 DEPARTMENT OF SOCIAL SERVICES  
 STATE CENTRAL REGISTRY DISCLOSURE FORM**

**This form must be completed by each individual owner, operator, current or prospective employee or volunteer of a child care facility licensed by the Louisiana Department of Social Services for themselves. Any owner, operator, current or prospective employee, or volunteer of a child care facility licensed by the department who knowingly falsifies the information on the State Central Registry Disclosure Form shall be guilty of a misdemeanor offense and shall be fined not more than five hundred dollars, or imprisoned for not more than six months, or both. R.S. 46:1414.1.C**

**This form shall be maintained by the owner/operator of the licensed facility in accordance with current licensing standards as mandated by R.S. 46:1414.1.B.**

Name of Licensed Facility (Print or Type)	License Number and Physical Address (print or Type)	Date Signed Form Received
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Name of Individual or Applicant (Print or Type)		(    ) - Home Ph. #	(    ) - Cell Ph. #
Street Address	Date of Birth	Social Security Number	City and State      Zip Code
My name <input type="checkbox"/> is <input type="checkbox"/> is not (check one) currently recorded as a perpetrator on the State Central Registry for what the Department of Social Services has determined to be a justified (valid) finding of child abuse or neglect.			
<b>If it is determined that I do pose a risk to children, I am prohibited from requesting another risk evaluation assessment for 24 months from the date of this notice.</b>			

**The information given is true and complete to the best of my knowledge.**

Signature	Date
Signature of Licensed Facility Representative	Date

<b>DSS Office Use Only</b>	Name of Regional Administrator or designee:	Date Reviewed:
	Date State Central Registry Check Completed:	Date of notification of results to Child Residential Licensing or Child Care Licensing: