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

<u>PRINT OR TYPE</u> 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. **

Requesting Person or Ager	ncy/Organization			Check All That Apply
Mailing Address				☐ Child Placing Agency
				Residential Child Care Facility
				☐ Child Day / Night Care Center
Telephone Number ()	Email:		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)
			or typed below, will provi	ide <u>unsupervised care and</u> cific job/role is or will be:
NameLast		Middle	Sex Male Race Female	DOB//
Current Mailing Addr	ress			
Alias, Maiden & Prior	r Married Name(s)			
Name & DOB of Spo	use & Former Spou	se(s)		
Name & DOB of Chil	dren / Stepchildren			
Alabama counties where person has lived and/or worked				
	Attach additional		rovide all information requ	
To be completed by pe			-	
I authorize the Alabama Registry about me to the otherwise be entitled. I	Department of Huma e above named person further release the De	/agency/organization partment of Human l	. I hereby waive any right to	ne Child Abuse / Neglect Central any review or hearing to which I may imployees from any and all claims rning me.
Signature		Date	Signature of Witness	Date
To be completed by DI	HR			
A search of the Alaba determine if the perso	ma Child Abuse / N n identified above h	as been named as b		with the information provided to abuse or neglect in Alabama. use / neglect.
☐ Substantiated report (i.e., indicated) located. See attached information.				
Type Report:	Physical Abuse	Neglect Sexual A	abuse Mental Abuse / Neg	glect
☐ No report located.				
Request Denied				
Other				
Office of Child Protection	ve Services		Date Comple	tad