

## GEORGIA CHILD ABUSE SCREENING REQUEST FORM

- **All information is required to be typed except for the signature.** Handwritten applications will not be processed.
- If the purpose of the request is for an active or on-going investigation, the agency staff can sign, type, or submit an PDF signature. All other requests will require the original signature of the applicant(s).
- To type on the form, you will need to select the T (text) located on the top middle section of the form next to the A.
- If you are submitting requests for more than one person, each person will be required to have their own application and be listed in the household member section on each application regardless of the purpose of the request.
- You will need to submit your official agency letterhead, will need to list the purpose of the request, and the name(s) of the individual(s) who will require a screening to be completed.
- CPA Providers can only submit for Adoption, or new household member of an already approved foster or adoptive home
- Request are required to be submitted on one email per family, request submitted separate will not be processed.
- You will submit the agency letterhead and application(s) in one email per family to [GeorgiaAdamWalshCheck@dhs.ga.gov](mailto:GeorgiaAdamWalshCheck@dhs.ga.gov)

### AGENCY REQUESTING SCREENING INFORMATION

<b>NAME</b>	<b>TELEPHONE#</b> 701-328-7575	<b>EMAIL ADDRESS</b> dhscfscbc@nd.gov
<b>NAME OF AGENCY</b> ND DHHS	<b>STREET ADDRESS</b> 600 E. Blvd Ave, Dept 325	<b>CITY/STATE/ZIP CODE</b> Bismarck ND 58505-0250

### INFORMATION ON PERSON TO BE SCREENED (APPLICANT)

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>
<b>MAIDEN NAME</b>	<b>OTHER NAMES USED IN THE PAST</b>	
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>GENDER</b>
<b>CURRENT ADDRESS</b>	<b>CITY/STATE/ZIP CODE</b>	<b>DATE</b>
<b>PREVIOUS GEORGIA ADDRESS</b>	<b>CITY/STATE/ZIP CODE</b>	<b>DATE</b>

### CURRENT ADULT HOUSEHOLD MEMBERS TO BE SCREENED ONLY (DO NOT LIST MINOR CHILDREN)

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

**SIGNATURE OF APPLICANT OR AGENCY STAFF**

**DATE**

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