



# Child Abuse History Record Request for Child Care Personnel Employment

**NOTE:** This form MUST be submitted by the agency identified at the bottom of this page

The **APPLICANT** MAY NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families

**Only one applicant per release**

**TO BE COMPLETED BY THE APPLICANT**

Was the applicant a resident of the State of Florida within the past 5 years? ☐ YES ☐ NO

Name: \_\_\_\_\_  
(Please **Print** Clearly) Last First Middle

Full SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Prior Name(s), including Maiden: \_\_\_\_\_

Current **Non-Florida** Address: \_\_\_\_\_

Previous Florida Address: \_\_\_\_\_ (Include city, state, and Zip Code)  
\_\_\_\_\_ FL \_\_\_\_\_ Dates: \_\_\_\_\_

Previous Florida Address: \_\_\_\_\_ FL \_\_\_\_\_ Dates: \_\_\_\_\_

By signing this form, I, as an applicant for employment in child care, authorize a search for reports of abuse, neglect, or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting employer/agency/facility listed below on this form. (Chapter 39, F.S., Child Care and Development Block Grant Reauthorization, P.L. 113-186.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE REQUESTING AGENCY**

**Employment Type:**

☐ Group Home/Residential Care ☐ After School/Enrichment ☐ Day Care ☐ In-Home Day Care  
☐ Pre-Kindergarten/Headstart ☐ Religious Exempt ☐ Other \_\_\_\_\_

**Expected Position/Role of Applicant** \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

**Representative/Contact Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

\_\_\_\_\_  
**Printed Name and Signature** of Requesting Facility/Agency Representative

\_\_\_\_\_  
Date

**Please return to DCF via email:**

**Attention: Child Welfare Record Request for Employment**

**Email: [hqw.cwr.employment.requests@myflfamilies.com](mailto:hqw.cwr.employment.requests@myflfamilies.com)**