Child Abuse History Record Request for Child Care Personnel Employment

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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 Licensed Child Placement Agency

Expected Postition/Role of Applicant _____

_____

Facility/Agency Name: _ NDDHHS, Criminal Background Check Unit _____

Address: 600 E Blvd Ave, Dept 325   Bismarck   ND   58505-0250
  Mailing Address   City   State   Zip Code

Representative/Contact Name: _____

Phone: _701-328-7575____   Fax: _701-328-0358____   Email: _dhscfscbc@nd.gov_____

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

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Please return to DCF via email:
Attention: Child Welfare Record Request for Employment
Email: hqw.cwr.employment.requests@myflfamilies.com