Print Form

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 Agency/Organization Endeavors		Check All That Apply
Mailing Address		Child Placing Agency
		Residential Child Care Facility
		Child Day / Night Care Center
Telephone Number () Ema	il:	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)
The person whose name and identifying information, printed or typed below, will provide <u>unsupervised care and supervision of children</u> as an employee volunteer other. This person's specific job/role is or will be:		
Name Last First Middle Current Mailing Address	☐ Female	DOB//
Name & DOB of Spouse & Former Spouse(s)		
Name & DOB of Children / Stepchildren		
Alabama counties where person has lived and/or worked		
Attach additional pages as needed to provide all information requested above.		
To be completed by person being cleared		
I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.		
Signature Date	Signature of Witness	Date
To be completed by DHR		
A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases <u>only</u> that information which is necessary to discover or prevent child abuse / neglect.		
☐ Substantiated report (i.e., indicated) located. See attached information.		
Type Report: Physical Abuse Neglect Sexual Abuse Mental Abuse / Neglect		
☐ No report located.		
Request Denied		
Other		
Office of Child Protective Services	Date Complete	ed