



**Candice Broce**

Director

# CPS SCREENING UNIT

Melloney Claiborne

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## REQUIRED DOCUMENTS

- CPS APPLICATION FOR EACH HOUSEHOLD MEMBER THAT IS 18 YEARS OR OLDER
- AGENCY LETTERHEAD

EMAIL ADDRESS:

CPSSCREENING@DHS.GA.GOV

**CHILD ABUSE SCREENING REQUEST INFORMATION**

*This form is to request a screening to check for Child Protective Services history.*

**All information except the signature must be typed**

**AGENCY REQUESTING SCREENING INFORMATION**

NAME	TEL. #	STATE
NAME OF AGENCY	STREET ADDRESS	CITY/STATE/ZIP

**INFORMATION ON PERSON TO BE SCREENED** ADDRESSES MUST GO BACK FIVE YEARS NO CAPS (PLEASE USE MONTH/YEAR FORMAT FOR ALL ADDRESSES) IF PREVIOUSLY SERVED IN THE MILITARY WITHIN THE PAST FIVE YEARS, PLEASE ANSWER THE MILITARY QUESTIONS LISTED BELOW

STREET NAME	MIDDLE NAME (ONLY IF NOT MARRIED)	LAST NAME
MAIDEN NAME	OTHER NAMES USED IN THE PAST	PREVIOUSLY IN THE MILITARY?
DATE OF BIRTH	SOCIAL SECURITY NUMBER	LIST MILITARY BRANCH
CURRENT ADDRESS	CITY/STATE/ZIP	LIST AS MONTHS/JUNIOR
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS
PREVIOUS ADDRESS	CITY/STATE/ZIP	MONTHS

**CURRENT HOUSEHOLD MEMBERS ONLY** (To be completed by Foster Care/Adoptions applicants ONLY. PLEASE ENSURE TO LIST THE RELATIONSHIP FOR ALL HOUSEHOLD MEMBERS)

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SEX	ETHNIC	EDUCATION	DATE

Revised 8/11/2015 *Keep a copy for your records.*

# COMPLETED APPLICATION

**INFORMATION ON PERSON TO BE SCREENED (APPLICANT) ADDRESSES MUST GO BACK FIVE YEARS NO GAPS (PLEASE USE MONTH/YEAR FORMAT FOR ALL ADDRESSES)**

FIRST NAME JANE	MIDDLE NAME ONLY (NOT MAIDEN NAME) MARY	LAST NAME DOE
MAIDEN NAME *If you have been married, you have to provide this information. SMITH	OTHER NAMES USED IN THE PAST MARY SMITH, MARY DOE	
CURRENT ADDRESS 9 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	LIST AS MONTH/YEAR-CURRENT 9/2018-CURRENT
PREVIOUS ADDRESS 8 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2018-8/2018
PREVIOUS ADDRESS 7 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 5/2017-12/2017
PREVIOUS ADDRESS 6 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2017-5/2017
PREVIOUS ADDRESS 5 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2016-12/2016
PREVIOUS ADDRESS 4 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2015-12/2015
PREVIOUS ADDRESS 3 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2014-12/2014
PREVIOUS ADDRESS 1 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 9/2013-12/2013
DATE OF BIRTH 1/2/1955	SSN# 123-45-6789	SEX FEMALE

**CURRENT HOUSEHOLD MEMBERS ONLY (To be completed by Foster Care/Adoptions applicants ONLY)**

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	YEAR
CONNOR UPTON	FOSTER CHILD	1/5/2003	123-45-6789	MALE	N/A	
JENNIFER DOE	DAUGHTER	1/3/2017	N/A	FEMALE		
JOHNNIE DOE	SON	2/5/2018	N/A	MALE		
MELINDA MOORE	ROOM MATE	1/6/1979	123-45-6789	FEMALE	DC, FL	2011, 2015
JOHN DOE	FATHER	1/5/1935	123-45-6789	MALE	FL	2016
JESSIE DOE	MOTHER	1/4/1936	123-45-6789	FEMALE	FL	2016
JUSTIN DOE	BROTHER	1/3/1959	123-45-6789	MALE	N/A	
JUANA DOE	SISTER	1/2/1961	123-45-6789	FEMALE	N/A	

# REASONS REQUESTS ARE REJECTED

- MISSING AGENCY LETTERHEAD
- DOB ON APPLICATION DIFFERENT FROM GA+SCORE
- SSN ON APPLICATION DIFFERENT FROM GA+SCORE
- HOUSEHOLD MEMBER NOT LISTED IN GA+SCORE
- MISSING APPLICATION FOR HOUSEHOLD MEMBER
- ADDRESSES NOT IN CHRONOLOGICAL ORDER
- ADDRESSES NOT IN MONTH/YEAR FORMAT
- MISSING ADDRESSES/DATES
- MISSING PREVIOUS NAME(S) USED
- NAME(S) ON APPLICATION DIFFERENT FROM GA+SCORE



# HOW TO AVOID YOUR REQUEST BEING REJECTED

- REVIEW THE APPLICATION AND GA+SCORE PRIOR TO UPLOADING THE DOCUMENTS.
- IF YOU HAVE UNIQUE SITUATIONS WITH AN APPLICANT(S), EMAIL THE UNIT FOR CLARIFICATION PRIOR TO UPLOADING THE DOCUMENTS.
- IF YOU ARE SUBMITTING A REQUEST FOR A NEW HOUSEHOLD MEMBER, OR A YOUTH TURNING 18, IF THE FOSTER PARENTS LETTER IS SET TO EXPIRE WITHIN 30 DAYS OR LESS, YOU WILL NEED TO UPLOAD AN APPLICATION FOR ALL HOUSEHOLD MEMBERS AT THE SAME TIME.
- SUBMIT YOUR RE-EVALUATIONS 60-90 DAYS BEFORE THEY ARE DUE TO AVOID BEING LATE, BECAUSE THE UNIT WILL NOT BE ABLE EXPEDITE REQUEST FOR PROVIDERS WAITING UNTIL THE LAST MINUTE TO SUBMIT THE REQUEST.

ANY QUESTIONS?