

ACCURINT ADDRESS & HOUSEHOLD COMPOSITION VERIFICATION

Accurint information is used to verify self-reported address and household member composition information provided on the CPS Screening Request Form. It is a part of the overall assessment of prospective caregivers.

Instructions: Obtain the completed CPS Screening Request Form and compare it with Accurint results. Answer the verification questions and complete the Action Plan.

Date of Screening:

Screener Name:

Household Name:

Resource Developer Name:

	Name	Is the individual required to have any out of state CPS checks based on the CPS Screening Request Form?	Is the individual required to have any out of state CPS checks based on Accurint information?
	Primary Caregiver	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Secondary Caregiver	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Other Adult Household Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Other Adult Household Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Other Adult Household Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did Accurint list any current household members that were not listed on the CPS Screening Request Form? <input type="checkbox"/> NO <input type="checkbox"/> YES; If yes, list name(s), age(s) and DOB (s): 			

Accurint Screening Information Action Plan

Did the applicant provide complete and accurate information on the CPS Screening Request form?

YES NO (If no, indicate next steps to resolve.)

Is an Adam Walsh check required? NO YES (If yes, indicate which state(s) and plan for obtaining reports)

Is additional address or household member composition information needed from the caregiver regarding household members?

NO YES (If yes, indicate next steps to resolve.)

Other Comments:

NOTE: This form is for internal use only and should not be given to the caregiver applicant to complete.