This form is to request a screening to check if an individual is in the Child Protective Services Information System.

**REQUESTOR’S ROLE**

|  |  |
| --- | --- |
| **PLEASE CHECK ONLY ONE:** [ ]  An individual who wants to check the registry to see whether or not his/her name is listed. (Please provide Driver’s License, State ID, Passport, or Military ID) [ ]  A Georgia CPS investigator who has investigated or is investigating a case of possible child abuse who shall only be provided information relating to that case for purposes of using that information in such investigation. [ ]  A state or government agency of this state or any other states, which license entities that have interactions with children or are responsible for providing care for children, which shall only be provided information for purposes of licensing or employment of a specific individual.[ ]  Licensed entities in this state, which interact with children or are responsible for providing care for children, which shall only be provided information for purposes of licensing or employment of a specific individual.[ ]  A court appointed special advocate (CASA) program solely for the purpose of screening and selecting an individual to serve as a CASA, employees and volunteers for their CASA Program. | **DATE :** |

**AGENCY REQUESTING SCREENING INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME & JOB TITLE  | TEL # | EMAIL ADDRESS |
| NAME OF AGENCY | STREET ADDRESS  | CITY/STATE/ZIP CODE |

**SCREENING RESULTS TO BE SENT TO:**

|  |  |  |
| --- | --- | --- |
| NAME  | TEL # | EMAIL ADDRESS |
| NAME OF AGENCY (If applicable) | STREET ADDRESS  | CITY/STATE/ZIP CODE |

**INFORMATION ON PERSON TO BE SCREENED (APPLICANT)**

|  |  |  |
| --- | --- | --- |
| NAME/ALIAS (First, Middle, Last) | TEL # | EMAIL ADDRESS |
| MAIDEN NAME \*If you have been married, you have to provide this information. | OTHER NAMES USED IN PAST |  |
| CURRENT STREET ADDRESS | CITY/STATE/ZIP CODE | COUNTY |
| DATE OF BIRTH | SSN# (IF KNOWN) | SEX |
| RACE | ETHNICITY |  |

**SELF-SCREENING VALIDATION (TO BE COMPLETED BY DFCS STAFF MEMBER ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME (First, Middle, Last) | JOB TITLE | DATE REQUEST WAS RECEIVED | DATE REQUEST SUBMITTED |
| COUNTY VALIDATING IDENTIFICATION | PHONE NUMBER | E-MAIL ADDRESS | ID VALIDATION[ ]  Driver’s License[ ]  Passport[ ]  Military ID[ ]  State ID |

**Please copy and upload Identification, and upload it along with this form.**

**IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD ABUSE REGISTRY. PLEASE SPECIFY IF YOU ARE REQUESTING THE INFORMATION FOR THE PURPOSE OF LICENSING, EMPLOYMENT, OR A SPECIFIC INDIVIDUAL.**

|  |  |
| --- | --- |
| SIGNATURE OF REQUESTOR | DATE |