



**Georgia Department of Human Services
Division of Family and Children Services
Child Protective Services History Request**

Agency/State or Tribal Information

Georgia's Child Protective Services (CPS) records are confidential. State law O.C.G.A. Section 49-5-44 established that it is a criminal offense to knowingly and under false pretenses to obtain or attempt to obtain records or reports of child abuse. Therefore only lawful requests should be made; answering the questions honestly and thoroughly will assist the Division in determining whether or not your request is lawful or not.

Please note that the Division does not maintain a State Central Registry and therefore, does not provide Adam Walsh screenings. Additionally, CPS information may not be used for employment purposes. Please review more information about O.C.G.A. Section 49-5-44 and form submission instructions at <http://www.dfcs.dhr.georgia.gov>.

TO BE COMPLETED BY THE REQUESTING AGENCY/STATE OR TRIBAL DEPARTMENT	
Agency/Department Name:	Contact Name and Title:
Phone #:	Email:
Agency Type: <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> State or Tribal Agency <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Court Investigator <input type="checkbox"/> Other _____	

PURPOSE OF REQUEST	
Indicate the reason for the request: <input type="checkbox"/> Initial Approval <input type="checkbox"/> Re-evaluation <input type="checkbox"/> Approval of a Substitute Caregiver for an Approved Caregiver <input type="checkbox"/> N/A	
Is this request pursuant to the placement of a child in the temporary or permanent custody of Georgia DFCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request pursuant to the placement of a child in the temporary or permanent custody of another state or tribal child welfare agency? If yes, name the agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of State Requestors: Is this request pursuant to an Adam Walsh Central Registry Check requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADULT HOUSEHOLD MEMBERS BATCH INFORMATION

GA DFCS and CPAs: For initial approval and annually at re-evaluation (beginning 1/2014), every adult in the caregiver household age 18 years and older must have a separate CPS screening form. **Note: CPS screening request forms must be submitted for the entire household in one batch.**

Please list below the names of the adults of the household and ensure that each separate request form for each member is attached. If a listed member's application is not included, please briefly explain why not. However, since the entire household must receive a satisfactory screening, not including a household member will delay processing for the entire household.

List the Names of All Adult Household Members (18 Years and Older)	CPS Screening Request Included In Submission
Primary Caregiver Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No; If no, briefly explain
Secondary Caregiver Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No ; If no, briefly explain
Other Adult Household Member Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No ; If no, briefly explain
Other Adult Household Member Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No ; If no, briefly explain
Other Adult Household Member Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No ; If no, briefly explain
Other Adult Household Member Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No ; If no, briefly explain
Substitute Caregivers: If this request is solely for a substitute caregiver, list the approved caregiver(s) above and complete the information below on the substitute caregiver(s). If this does not include substitute caregivers, leave blank.	
Substitute Caregiver Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No ; If no, briefly explain
Substitute Caregiver Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No ; If no, briefly explain

ATTESTATION

Child Protective Services screenings are governed by state law O.C.G.A Section 49-5-44. Only lawful requests in accordance with the law should be submitted. By signing below you are affirming that your request conforms to state law and that the information provided is true and accurate. Providing false or misleading information may subject you to criminal penalty under Georgia law.

Signature

Date

Printed Name

Title

Note: For each household batch, submit only one "Agency/State/Tribal Department Information" form with as many Adult Household Member Screening Request forms as needed. Requests without an Agency/State/Tribal Department Information Form will not be processed.