



## 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 #	EMAIL
NAME OF AGENCY	STREET ADDRESS	CITY/STATE/ZIP CODE

**INFORMATION ON PERSON TO BE SCREENED** ADDRESSES MUST GO BACK FIVE YEARS NO GAPS (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

FIRST NAME	MIDDLE NAME ONLY (NOT MAIDEN NAME)	LAST NAME
MAIDEN NAME	OTHER NAMES USED IN THE PAST	<b>PREVIOUSLY IN THE MILITARY?</b>
DATE OF BIRTH	SOCIAL SECURITY NUMBER	<b>LIST MILITARY BASE</b>
CURRENT ADDRESS	CITY/STATE/ZIP CODE	<b>LIST AS MONTH/YEAR-CURRENT</b>
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR

**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	SSN #	GENDER	PREVIOUS STATE(S)	DATE



## CHILD ABUSE SCREENING REQUEST INFORMATION

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 PROTECTIVE SERVICES EMAIL

ORIGINAL SIGNATURE OF APPLICANT	DATE
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