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

**AGENCY REQUESTING SCREENING INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME & JOB TITLE  JANE DOE-RECRUITER | TEL #  404-123-6789 | EMAIL  JANEDOE@ABCAGENCY.COM |
| NAME OF AGENCY  CPA AGENCY | STREET ADDRESS  123 WHEREEVER LANE | CITY/STATE/ZIP CODE  ATLANTA, GA 12345 |

**SCREENING RESULTS TO BE SENT TO**

|  |  |  |
| --- | --- | --- |
| NAME  SAME AS ABOVE | TEL #  SAME AS ABOVE | EMAIL  SAME AS ABOVE |
| NAME OF AGENCY  SAME AS ABOVE | STREET ADDRESS  SAME AS ABOVE | CITY/STATE/ZIP CODE  SAME AS ABOVE |

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

|  |  |  |
| --- | --- | --- |
| FIRST NAME  ELIZABETH | MIDDLE NAME  DOE | LAST NAME  FOX |
| MAIDEN NAME \*If you have been married, you have to provide this information. MILLER, DUNN, JONES | OTHER NAMES USED IN THE PAST  LIZ |  |
| CURRENT STREET ADDRESS  123 MAIN STREET | CITY/STATE/ZIP CODE  ATLANTA, GA 12345 | COUNTY  FULTON- 7/2017-CURRENT |
| PREVIOUS ADDREESS  456 MAIN STREET | CITY/STATE/ZIP CODE  ATLANTA, GA 12345 | DATE  10/2015-6/2017 |
| PREVIOUS ADDRESS  789 MAIN STREET | CITY/STATE/ZIP CODE  ATLANTA, GA 12345 | DATE  8/2014-10/2015 |
| PREVIOUS ADDRESS  654 MAIN STREET | CITY/STATE/ZIP CODE  ATLANTA, GA 12345 | DATE  7/2013-8/2014- |
| PREVIOUS ADDRESS  4321 MAIN STREET | CITY/STATE/ZIP CODE  ATLANTA, GA 12345 | DATE  6/2012-7/2013 |
| DATE OF BITH  1/2/1955 | SSN#  123-45-6789 | SEX  FEMALE |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME/ALIAS (First, Middle, Last) | RELATIONSHIP | DATE OF BIRTH | SSN # | GENDER | PREVIOUS STATE(S) | DATE |
| JOHN FOX | SPOUSE | 2/5/1970 | 123-45-6789 | FEMALE  MALE | GA | 1970-CURRENT |
| JAMES FOX | SON | 3/2/1989 | 123-45-6789 | FEMALE  MALE | GA | 1989-CURRENT |
| JAMIE FOX | DAUGHTER | 4/5/2002 | N/A | FEMALE  MALE | GA |  |
| JOHN FOX JR | SON | 6/5/2016 | N/A | FEMALE  MALE | GA |  |
|  |  |  |  | FEMALE  MALE |  |  |

**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**

|  |  |
| --- | --- |
| SIGNATURE OF APPLICANT | DATE  7/26/2017 |