



CHILD ABUSE SCREENING REQUEST INFORMATION

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

AGENCY REQUESTING SCREENING INFORMATION

NAME MELLONEY CLAIBORNE	TEL # 404-657-3461	EMAIL MELLONEY.CLAIBORNE@DHS.GA.GOV
NAME OF AGENCY DHS	STREET ADDRESS 2 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303

INFORMATION ON PERSON TO BE SCREENED (APPLICANT) ADDRESSES MUST GO BACK FIVE YEARS NO GAPS (PLEASE USE MONTH/YEAR FORMAT FOR ALL ADDRESSES)

FIRST NAME JANE	MIDDLE NAME ONLY (NOT MAIDEN NAME) MARY	LAST NAME DOE
MAIDEN NAME *If you have been married, you have to provide this information. SMITH	OTHER NAMES USED IN THE PAST MARY SMITH, MARY DOE	
CURRENT ADDRESS 9 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	LIST AS MONTH/YEAR-CURRENT 9/2018-CURRENT
PREVIOUS ADDRESS 8 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2018-/8/2018
PREVIOUS ADDRESS 7 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 5/2017-12/2017
PREVIOUS ADDRESS 6 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2017-5/2017
PREVIOUS ADDRESS 5 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2016-12/2016
PREVIOUS ADDRESS 4 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2015-12/2015
PREVIOUS ADDRESS 3 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 1/2014-12/2014
PREVIOUS ADDRESS 1 PEACHTREE STREET NW	CITY/STATE/ZIP CODE ATLANTA, GA 30303	MONTH/YEAR 9/2013-12/2013
DATE OF BIRTH 1/2/1955	SSN# 123-45-6789	SEX FEMALE

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

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	YEAR
CONNOR UPTON	FOSTER CHILD	1/5/2003	123-45-6789	MALE	N/A	
JENNIFER DOE	DAUGHTER	1/3/2017	N/A	FEMALE		
JOHNNIE DOE	SON	2/5/2018	N/A	MALE		
MELINDA MOORE	ROOM MATE	1/6/1979	123-45-6789	FEMALE	DC, FL	2011, 2015
JOHN DOE	FATHER	1/5/1935	123-45-6789	MALE	FL	2016
JESSIE DOE	MOTHER	1/4/1936	123-45-6789	FEMALE	FL	2016
JUSTIN DOE	BROTHER	1/3/1959	123-45-6789	MALE	N/A	
JUANA DOE	SISTER	1/2/1961	123-45-6789	FEMALE	N/A	

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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