ADULT HOUSEHOLD MEMBER SCREENING REQUEST INFORMATION

MUST BE COMPLETED BY INDIVIDUAL TO BE SCREENED

Which describes your role?
☐ Prospective Caregiver ☐ Current Caregiver ☐ Household Member of a Current or Prospective Caregiver ☐ Substitute Caregiver
☐ Other _____

Have you or anyone in your current or previous households **ever** been offered or provided with Child Protective Services from GA DFCS or another state's child welfare department? ☐Yes ☐No

Have you or anyone in your current or previous households **ever** fostered or adopted with GA DFCS or a private agency or other state's child welfare department or private agency? ☐No ☐ Yes If yes, list all counties or agencies:

Full Name (First, Middle, Last):

Social Security Number:	Date of Birth:	Age:	Ethnicity:
Current Street Address:	City:	State:	Zip Code:
Previous Names Used (including maiden name):	List All Georgia Counties You've Lived in:		

List All Previous Addresses Both In State and Out of State for at Least the Last 10 Years (attach an additional page if necessary)

Street Address:	City:	State:	Zip Code:	Dates of Residence:
Street Address:	City:	State:	Zip Code:	Dates of Residence:
Street Address:	City:	State:	Zip Code:	Dates of Residence:
Street Address:	City:	State:	Zip Code:	Dates of Residence:
Street Address:	City:	State:	Zip Code:	Dates of Residence:

List Everyone In Your Household and Anyone Else Who Has Lived With You During the Last 10 Years.

Full Name	Relationship	Current or Past Household Member	Date of Birth	Age	Social Security Number (If unknown, write "UNK")	Gender
		☐Current ☐ Past				☐Male ☐ Female
		☐Current ☐ Past				☐Male ☐ Female
		☐Current ☐ Past				☐Male ☐ Female
		☐Current ☐ Past				☐Male ☐ Female
		☐Current ☐ Past				☐Male ☐ Female

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

NOTE: RETURN THIS FORM TO YOUR AGENCY / STATE OR TRIBAL DEPARTMENT REPRESENTATIVE