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 | EMAILJANEDOE@ABCAGENCY.COM |
| NAME OF AGENCYCPA AGENCY | STREET ADDRESS 123 WHEREEVER LANE | CITY/STATE/ZIP CODEATLANTA, GA 12345 |

**SCREENING RESULTS TO BE SENT TO**

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

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

|  |  |  |
| --- | --- | --- |
| FIRST NAMEELIZABETH | MIDDLE NAMEDOE | LAST NAMEFOX |
| MAIDEN NAME \*If you have been married, you have to provide this information. MILLER, DUNN, JONES | OTHER NAMES USED IN THE PASTLIZ |  |
| CURRENT STREET ADDRESS123 MAIN STREET | CITY/STATE/ZIP CODEATLANTA, GA 12345 | MONTH/YEAR-CURRFULTON- 7/2017-CURRENT |
| PREVIOUS ADDRESS 456 MAIN STREET | CITY/STATE/ZIP CODEATLANTA, GA 12345 | MONTH/YEAR10/2015-6/2017 |
| PREVIOUS ADDRESS789 MAIN STREET | CITY/STATE/ZIP CODEATLANTA, GA 12345 | MONTH/YEAR8/2014-10/2015 |
| PREVIOUS ADDRESS654 MAIN STREET | CITY/STATE/ZIP CODEATLANTA, GA 12345 | MONTH/YEAR7/2013-8/2014- |
| PREVIOUS ADDRESS4321 MAIN STREET | CITY/STATE/ZIP CODEATLANTA, GA 12345 | MONTH/YEAR6/2012-7/2013 |
| DATE OF BIRTH1/2/1955 | SSN#123-45-6789 | SEXFEMALE |

**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[x]  MALE | GA | 1970-CURRENT |
| JAMES FOX | SON | 3/2/1989 | 123-45-6789 | [ ]  FEMALE[x]  MALE | GA | 1989-CURRENT |
| JAMIE FOX | DAUGHTER | 4/5/2002 | N/A | [x]  FEMALE[ ]  MALE | GA |  |
| JOHN FOX JR | SON | 6/5/2016 | N/A | [ ]  FEMALE[x]  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 | DATE7/26/2017 |