Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

# Request for Child and/or Adult Abuse and Neglect Central Register/ry Check(s)

## INSTRUCTIONS

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

**All designated fields must be completed or the request will be returned and not processed**. If this document is not typed, all information must be clearly printed and legible.

## AUTHORIZATION

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

☑ Adult Protective Services Central Registry ☑ Child Protective Services Central Register

## TYPE OF CHECK

Select only one:

☑ Agency Requested Check ☐ Self Check

Is this a request for an Adoption? ○ Yes ⊘ No

## AGENCY INFORMATION: This section must be completed if this is an agency request.

| Agency ID Number | Agency Name |
|---|---|
| 1016 | NDE - Vocational Rehabilitation |

## APPLICANT INFORMATION

First, Middle, Last Name

Date of Birth | Age | Social Security Number

Current Address

City | State | Zip Code

E-Mail Address (CFS will use this email as the primary method of contact)

N/A

Other names previously used such as former married names, maiden name and nick names used during the past 20 years

First, Middle, Last Name

Names and birthdates of your children and children who lived with you

All previous addresses at which you have resided during the past 20 years (minimum City & State):

**SIGNATURES & DATES**

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. **This authorization is valid for a period of 6 months from the date of signature**. Legal guardian signature is required if the applicant is less than 19 years of age.

Signature of Applicant | Date

Signature of Applicant's Legal Guardian (Note: this signature is necessary only if applicant is less than 19 years of age). | Date

**SELF CHECK**
Notary is required for Self-Check only.

Seal of Notary | Notary Public

**AGENCY CHECK**

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature | 1016 Agency ID Number | Date