

**OUT-OF-STATE CHILD ABUSE/NEGLECT REPORT REQUEST****ADAM WALSH CHILD PROTECTION AND SAFETY ACT OF 2006**

Additional child abuse/neglect check for persons who have lived out of state in the last five years. Complete one form for each prospective licensed or certified foster parent and any person over the age of 18 residing in their household.

DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING  
CAREGIVER BACKGROUND CHECK BUREAU  
744 P STREET, MS 9-15-62  
SACRAMENTO, CA 95814

**REQUESTOR INFORMATION: FOR CBCB STAFF ONLY**

NAME OF REQUESTOR

FAX

TELEPHONE

EMAIL ADDRESS

*In addition to the California criminal background and child abuse central index checks, any prospective licensed or certified foster parent and any person over the age of 18 residing in their household is subject to an out-of-state child abuse/neglect check if they have lived out-of-state within the last five years. **If you have lived out of state in the last five (5) years you must complete this form and sign below to authorize a check of the child abuse/neglect registry in that state in order to be licensed, certified or cleared to reside in the home.***

**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

TELEPHONE NUMBER

EMAIL ADDRESS

MAIDEN NAME

DATE OF BIRTH (MM/DD/YY)

STATE OF BIRTH

SEX

RACE

ALIAS NAME(S)

SOCIAL SECURITY NUMBER - See Privacy Statement On Page 2

DRIVER'S LICENSE NUMBER/STATE

**ADDRESSES FOR PAST 5 YEARS**

STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been substantiated as a perpetrator in any child abuse or neglect report in this state or any state?

YES (Complete section below)  NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the California Department of Social Services to check with state(s) and/or counties listed above to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (Required In Ink)

DATE

SIGNATURE OF WITNESS (Required In Ink)

DATE

**RESPONDING STATE: (PLEASE RETURN BY FAX, MAIL OR EMAIL TO THE REQUESTOR LISTED ABOVE.)**

The result of a name search in the State Child Abuse/Neglect Registry is as follows:

The subject of the attached report MAY be the same as the subject of your inquiry

REPORT DATE

REPORT NO.

LOCAL CONTACT

PHONE/FAX

No record on the above listed person.

Too many possible matches to identify. See attached listing.

CONTACT NAME

AGENCY

TELEPHONE

EMAIL

### PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

#### NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.