



APPLICANT(S) : \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

## RESOURCE FAMILY OUT-OF-STATE CHILD ABUSE REGISTRY CHECKLIST

CONFIDENTIAL DOCUMENT - FOR COUNTY OR AGENCY USE ONLY

	Resided Outside CA Within Last 5 Years		If Yes, Name of Other State(s)	Is Registry Maintained by Other State(s)?		If Yes, Date Requested Other State(s) Info	Date Received Other State(s) Info	Cleared (Date)	Not Cleared (Date)
	YES	NO		YES	NO				
Applicant(s)									
Other Adult(s) Residing In The Home									
Adult(s) Regularly Present									