

INDIVIDUAL REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota’s Central Registry of Child Abuse/Neglect, and to search any information systems for substantiated abuse or neglect reports and release the findings only to me.

My reason for requesting this screening is _____
(Must Specify)

Full name _____
First Middle Last

Maiden and former names or any alias: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

List full birth name and birth date of **all** your biological children, including those that are adults.

| Name (First, middle, last) Date of Birth | Date of Birth | Name (First, middle, last) |
|---|---------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YOUR Name and Return Address:

Your Name

Your Signature Date

Street Address

Subscribed and sworn to before me, a Notary Public,

PO Box Number / Apt / Suite / Unit / Lot

this _____ day of _____, _____.

City Sate Zip

Notary Public Signature

My Commission Expires: ____ / ____ / ____

Your return email address (if requesting results via email)

(SEAL)

YOUR SCREENING WILL ONLY OCCUR IF THIS FORM IS PROPERLY NOTARIZED.

Return completed form by mail to:

DSS-Licensure & Accreditations
Attn: Kyli Klinger
910 E Sioux Ave
Pierre, SD 57501-2291

Or email completed form to: **DSSCRS@state.sd.us**