

### AGENCY 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 the requesting agency.

My reason for requesting this screening is \_\_\_\_\_  
(Foster or adoption)

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agency 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 State Zip

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agency 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-Division of Child Protection  
910 E Sioux Ave  
Pierre, SD 57501-2291

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