

Permission to Screen for Central Registry 03-2021

Check **ONE** box that corresponds with the facility type or Reason for this request.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adoption                     | <input type="checkbox"/> Head Start Program              | <input type="checkbox"/> Relative/Other Caretaker (DOC) |
| <input type="checkbox"/> Before & After School Center | <input type="checkbox"/> Independent Living Prep Program | <input type="checkbox"/> Relative Placement (CPS)       |
| <input type="checkbox"/> Child Placement Agency       | <input type="checkbox"/> In-Process Regulated Child Care | <input type="checkbox"/> Tribal Child Welfare           |
| <input type="checkbox"/> Foster Home                  | <input type="checkbox"/> Child Advocacy Centers          | <input type="checkbox"/> CASA                           |
| <input type="checkbox"/> Group/Residential Facility   | <input type="checkbox"/> Regulated Child Care Program    | <input type="checkbox"/> Other: _____                   |

(Please read instruction on back of this form before completing)

**SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT**

In connection with my application/approval, as a(n) \_\_\_\_\_ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided in over the age 18 in the last 10 years. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

**FULL Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_ **Other Names Used:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Resource #:** \_\_\_\_\_

List All Prior Cities/States lived in since the age of 18 or the last 10 years. You may use additional blank sheet of paper if necessary.

City	State	Date (MM/YY)	City	State	Date (MM/YY)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List Full Birth Name and Date of Birth of ALL of your children:

First	Middle	Last	DOB (MM/DD/YY)	First	Middle	Last	DOB (MM/DD/YY)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below. Parent/Guardian signature is required if the individual completing the form is under the age of 18.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Your Current Address: \_\_\_\_\_

**Agency Contact Person Phone Number & E-mail** \_\_\_\_\_ **Agency Name & Address** \_\_\_\_\_ **Provider/Agency License Number** \_\_\_\_\_

- |       |       |  |
|-------|-------|--|
| _____ | _____ | <input type="checkbox"/> N/A – DSS field office/Head Start |
| _____ | _____ | <input type="checkbox"/> N/A – License not yet issued      |

**INSTRUCTIONS FOR COMPLETING PERMISSION FORM**

1. Each applicant and all other required person age 18 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. Please complete in blue or black ink only on white paper.
2. From choices listed, mark correct box to indicate the appropriate facility/provider type.
3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied. Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. Print your full name. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.
5. Print your maiden name on the appropriate line. If this section does not apply to you, write N/A.
6. List any other names you have used. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, sex and your race and resource number if applicable.
8. List all cities/states you resided in over the age 18 in the last 10 years on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.
9. List the full birth name (first, middle, last name at birth) and date of birth for all your own children. Include all children, even if the children are adults, deceased or do not live with you. Do not list the names of other people's children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).
10. Sign your name at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form.
11. Include your current full mailing address at the bottom of the form.
12. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.
13. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

**FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.**

Completed forms may be emailed to: [DSSCRS@state.sd.us](mailto:DSSCRS@state.sd.us) for processing.