

Mississippi Department of Human Services Child Abuse/Neglect (CA/N) Common Central Registry Application

To be completed by requesting Agency/Organization

Official Name of Requesting Agency / Organization & License #:

Requesting Agency/Org Mailing Address:

Requestor's Name:

Mailing Address:

City: State Zip Code

Phone: Email:

Requestor's Signature: Date:

Check all That Apply

MSA Foster/Adoption Agency

Out of State/International Foster/Adoption

MS Residential Child Care Facility

Mental Health Facility/MH Residential Services

MS Non Licensed Child Care

MS Mentoring Program

MS School District

Out of State School District

MS Community/Human Resource Agency

MS Health Care/Nursing Home/Hospital

MS Youth Court/Non Violent Shelters

Law Enforcement/Youth Challenge

To be completed by person being cleared

The Applicant's name & identifying information will provide unsupervised care and supervision of children as an:

Employee
 Foster Resource Parent
 Adoption Resource Parent
 Relative Resource
 Volunteer/Internship
 Other (Please Specify)

This person's job/role is or will be:

Applicant Name:

Date of Birth: SSN: Male Female

(Requesting Agency should verify by viewing the applicant's Drivers License and Social Security card)

Phone Number(s) where applicant can be reached

Current Address:

City: State Zip Code

By signing this form, I give the above named agency/organization permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand, that this information will be used to determine my suitability in working with children and/or to be a foster/adoption resource for children. This information **will not be** re-disseminated to other persons or used for other purposes.

Applicant's Signature: _____ Date:

Witness' Signature: _____ Date:

To be completed by MDHS/DFCS Protection Unit State Office Central Registry Staff

A search of the Mississippi Child Abuse/Neglect Central Registry has been completed. MDHS releases only that information which is necessary to discover or prevent child abuse or neglect.

No Felony Information Found
 Felony Information Found
 MDHS Licensure Policy Violation Found
 Substantiated Report Type:
 Physical Abuse
 Neglect
 Sexual Abuse
 Mental Abuse/Neglect

Substantiated Report Dates: Signature Stamp: