

CONFIDENTIAL
CHILD ABUSE RECORD INFORMATION (CARI) FORM
 STATE OF NEW JERSEY
 DEPARTMENT OF CHILDREN & FAMILIES
 OUT-OF-STATE BACKGROUND CHECK REQUEST

Requesting Agency Name: DSS – Office of Licensing and Accreditation

Contact Phone Number: (605)773-3612 Print Staff Name: Kyli Klinger

Staff signature: _____ Date: _____

Agency Address: 700 Governors Drive; Pierre SD
 E-mail Address: DSSCRS@state.sd.us

 57501

*** IF YOUR AGENCY OR FACILITY IS LICENSED BY THE STATE, PLEASE ATTACH A COPY OF THE LICENSE.***

PLEASE PRINT CLEARLY IN INK. COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS AT THE BOTTOM OF THE FORM. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. SEPARATE COPIES OF THIS FORM MUST BE COMPLETED BY EACH REQUIRED APPLICANT. IF THE APPLICATION IS INCOMPLETE, IT WILL BE RETURNED.

Print your full name (first, middle, last): _____

Previous name maiden name or nicknames: _____

Date of name change or date of marriage: _____

Home Address: _____

City: _____ State _____ Zip: _____

Date of Birth: _____ Race: _____

Social Security Number: _____ Sex: _____

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the New Jersey State Law (P.L. 2003, C.186).

Full names and birth dates of your child(ren) including, if any, whether living with you or not: NOIE : If none, check this box **D**

Child's First Name	Middle Name	Last Name	Date of Birth

Name: _____

Your pre-vious New Jersey addresses and the dates you lived at each address:

From: _____ To: _____
mo.,nth) (year) (month) (year)

2) _____

From: _____ To: _____
(month) (year) (month) (year)

3) _____

From: _____ To: _____ (month) (year)

Please check applicant type: other child care provider or household member

Adam Walsh Child Protection and Safety Act of 2006 (Foster/Adoptive Applicants)

Hague Adoption Convention or Universal Accreditation Act (International Adoptive Applicants)

Other-Law or Statute. Please explain. **CCDF Child Care Federal Law**

* A COPY OF THE APPLICABLE LAW OR STATUTE MUST BE PROVIDED WITH THIS APPLICATION*

All applicants completing this form must read the following and sign below:

I consent to have the DCF-CARI Unit conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I hereby request and give informed consent for New Jersey Department of Children and Families to release the results of this CARI check to my agency. I release DCF, the Office of Legal Affairs, and the State of New Jersey from any liability for any adverse impact resulting from the release of the CARI check results to the agency.

Signature: _____ Date: _____

All requests should be mailed to the following address:

Outofstate.cari@dcf.state.nj.us

Or

Department of Children and Families-Office of Legal Affairs
CARI Unit
P.O. Box 717
Trenton, NJ 08625-0717
855 -744-4913

FOR CARI Unit USE ONLY

CARI Staff Initials. _____