

OHIO STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM ALLEGED PERPETRATOR SEARCH REQUEST

PURPOSE

ADOPTION/FOSTER PARENTING
 VOLUNTEER WORK
 EMPLOYMENT *(Excludes Child Care)*
 OTHER

NAME OF APPLICANT *(Forms must be typewritten. Any handwritten forms will be returned for correction.)*

First Name

Middle Name

Last Name

PREVIOUS NAMES

(Maiden name, AKA, Aliases, Nicknames)

CURRENT ADDRESS

Apt.#

CITY

STATE

ZIP CODE

9 DIGIT SOCIAL SECURITY NUMBER

DATE OF BIRTH

GENDER

Female Male

I am not eligible for a Social Security card. (You will be contacted for additional information.)

Explain why you are not eligible:

RACE *Prefer not to answer*

White
 Black

Asian
 Hispanic

Alaska Native/American Indian
 Native Hawaiian/Other Pacific Islander

CONTACT INFORMATION

Home phone number

Cell phone number

Email address

LIST PREVIOUS ADDRESSES (Within last 10 years)

LIST ALL CHILDREN ASSOCIATED WITH APPLICANT AND ANY OTHER PEOPLE IN THE HOUSEHOLD

Name (first name, middle name, last name)

Date of Birth

Relationship to Applicant

CK if residing in home

Pursuant to Ohio Law and administrative rule, I have read, or someone has read to me, the instructions to complete a SACWIS registry request before signing this form. I certify that the information above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally submits false information on this form commits a Misdemeanor of First Degree.

Signature

_Date

**Private Agency Requests and Out-of-State Requests
Complete the Following**

Requesting Agency Information			
<i>Agency Name</i> DSS-Office of Licensing and Accreditation	<i>Representative Name and Title:</i> Kyli Klinger, Program Assistant I		
<i>Mailing Address</i> 700 Governors Drive	<i>City</i> Pierre	<i>State</i> SD	<i>Zip Code</i> 57501
<i>Phone</i> (605) 773-3612	<i>Fax</i>	<i>Email</i> DSSCRS@state.sd.us	
<i>SACWIS ID</i>	<i>Any History Known</i>		
<i>Additional information:</i>			



Consent for Ohio SACWIS Registry Search and Dissemination of Information

Please submit a copy of a picture ID and social security card with this request.

Full name of the individual to be searched (Please Print):

I, _____, do hereby give consent for the State of South Dakota Department of Child Protection Services and it's employees to request Central Registry checks in the Ohio Statewide Automated Child Welfare Information System (SACWIS) as required by the State of Ohio using the information the information below for the purpose of Foster and/or Adoption Parenting. The flowing statements are also confirmed by my signature below:

- I have read this statement in its entirety and understand the nature of the search being conducted.
- I have been given ample opportunity to ask questions regarding this search.
- I am competent to consent to this search.
- I expressly authorize the Ohio Department of Job and Family Services to release the search results via email or mail to:

**DSS Office of Licensing & Accreditation
700 Governors Drive
Pierre, SD 57501
DSSCRS@state.sd.us**

(Printed Name of Individual to be Searched)

Date

(Signature of Individual to be Searched)

Date