

OHIO STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM ALLEGED PERPETRATOR SEARCH REQUEST

PURPOSE

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

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

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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 Hill, Program Assistant II		
<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 & DISSEMINATION OF INFORMATION

In addition to the completed application to Ohio's SACWIS Alleged Perpetrator Search (OSAPS) and two pieces of appropriate identification for the individual, this completed and signed informed consent form is required for the agency named below to request a SACWIS search for an individual. The purpose of the SACWIS search is to determine whether the individual was named as an alleged perpetrator in a Substantiated or Indicated child abuse and/or neglect report in Ohio's SACWIS Registry on Child Abuse or Neglect.

Individual for whom the SACWIS search will be conducted (please print):

First Name	Middle Name	Last Name
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Agency requesting searches and contact information to send search results:

Agency Name: _Office of Licensing & Accreditation_____

Address: __700 Governors Dr_____

City/State/Zip: _Pierre, SD 57501_____

Phone #: _605-773-3612_____

Contact: _Kyli Hill_____

Contact E-mail: _dsscscs@state.sd.us_____

By signing this consent form, I confirm the following:

1. I have read this form and understand the nature of the search to be conducted.
2. I have had ample opportunity to ask questions.
3. I am competent to consent to the search being completed.
4. I expressly authorize the Ohio Department of Job & Family Services to release the search results obtained from the SACWIS searches to the above-named agency.

Signatures:

Individual	/ / Date
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Agency Contact Person	/ / Date
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