

Background Check Unit
A Shared Service of DHS and OHA

Requestor information

1. This form must be type-written and signed by the requestor and subject of the child abuse/neglect check (*the "applicant"*).
2. Complete one form for each applicant.
3. Email completed requests to: adam-walsh.oregon@state.or.us

This information is being requested for the following reason (*please check only one*):

- Foster or adoptive parent, or foster household member over 18 under Adam Walsh Child Protection and Safety Act of 2006
- Employee of a Child Caring Agency (*"child caring institution"*) under the Family First Prevention Services Act of 2018
- Child care provider or child care household member under Child Care & Development Block Grant (CCDBG) Act of 2014
- Oregon juvenile justice agency employee or contractor under Prison Rape Elimination Act (PREA) of 2003
- Oregon Court Appointed Special Advocate (CASA)

Requesting agency: Office of Licensure & Accreditation

Agency address: (Address): 700 Governors Drive

(City): Pierre

(State): SD

(ZIP): 57501

**Type of agency
requesting information
(please check one):**

- State/local child welfare agency
- Child care licensing agency
- Child care employer
- Oregon juvenile justice agency
- Oregon Court Appointed Special Advocates
- Other: _____

BCU will respond to this request utilizing a secure email server. Please list your agency email address for results that can receive secure emails.

Email address: Dsscrrs@state.sd.us

I understand this information is **confidential** and **sensitive**, and may be used only for the purpose for which it was obtained. Per ORS 419B.035(9), anyone inappropriately using or disseminating this information violates ORS 419B.035 subsection (6)(a) and (7), and commits a Class A violation.

Kyli Klinger

Printed name and signature of requesting facility/agency representative

Date

