

Abuse/Neglect Registry Information Request Form



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

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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							
\boxtimes	Child care provider or child care household member under Child Care & Development Block Grant (<i>CCDBG</i>) Act of 2014							
	Oregon juvenile justice agency employee or contractor under Prison Rape Elimination Act (<i>PREA</i>) of 2003					Elimination Act		
	Oregon Court Appointed Special Advocate (CASA)							
Requesting agency: Office of Licensure & Accreditation								
Agency address: (Address): 700 Governors Drive								
		(City): Pie	erre		(State): SD	(ZIP): 57501		
Type of agency requesting information (please check one):			State/local chi	d welfare age	ncy			
		on 🖂	Child care licensing agency					
			Child care em	ployer				
			Oregon juveni	le justice ager	тсу			
			Oregon Court	Appointed Sp	ecial 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: Dsscrs@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								

If you have questions or you feel the conclusion is inaccurate, please contact the requesting agency, or contact BCU at adam-walsh.oregon@state.or.us or 503-378-5470 or 888-272-5545.

Applicant information								
For completion by applicant on whom child protective services check will be completed.								
Full legal name: (Last) (First)		(Middle)						
Other names used:								
Gender: Male Female Unknown or not specified Social Security number (voluntary): Applicant date of birth (m/d/yyyy): Position title (example: foster parent, CASA): Please list all Oregon counties in which you have resided, beginning with the most recent. Provide the month and year that residency began and ended for each county listed. For special or unusual situations, please explain. Attach additional documents in email if necessary.								
County	Began	Ended						
Example – ABC County	01/2001	Current						
I,, do hereby authorize the Oregon Department of Human Services to research its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand this information will be released to the requesting agency or employer. Applicant signature or applicant's legal representative Date signed								

If BCU determines that the subject of this child abuse/neglect check is responsible ("founded") for the abuse/neglect of a child in Oregon, or is currently the subject of a child abuse/neglect information, BCU cannot release the investigation or details about the investigation. For additional information, please contact the local Oregon Child Welfare office(s). Local office contact information found at: http://www.oregon.gov/DHS/Offices/Pages/Child-Welfare.aspx.