

Mississippi Department of Human Services Child Abuse/Neglect (CA/N) Common Central Registry Application

To be completed by requesting Agency/Organization

Official Name of Requesting Agency / Organization & License #:	<input style="width: 100%;" type="text"/>		
Requesting Agency/Org Mailing Address:	<input style="width: 100%;" type="text"/>		
Requestor's Name:	<input style="width: 100%;" type="text"/>		
Mailing Address:	<input style="width: 100%;" type="text"/>		
City:	<input style="width: 30%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Zip Code <input style="width: 30%;" type="text"/>
Phone:	<input style="width: 20%;" type="text"/>	Email:	<input style="width: 50%;" type="text"/>
Requestor's Signature:	<input style="width: 30%;" type="text"/>	Date:	<input style="width: 30%;" type="text"/>

Check all That Apply

- MSA Foster/Adoption Agency
- Out of State/International Foster/Adoption
- MS Residential Child Care Facility
- Mental Health Facility/MH Residential Services
- MS Non Licensed Child Care
- MS Mentoring Program
- MS School District
- Out of State School District
- MS Community/Human Resource Agency
- MS Health Care/Nursing Home/Hospital
- MS Youth Court/Non Violent Shelters
- Law Enforcement/Youth Challenge

To be completed by person being cleared

The Applicant's name & identifying information will provide unsupervised care and supervision of children as an:

<input type="checkbox"/> Employee	<input type="checkbox"/> Foster Resource Parent	<input type="checkbox"/> Adoption Resource Parent
<input type="checkbox"/> Relative Resource	<input type="checkbox"/> Volunteer/Internship	<input type="checkbox"/> Other (Please Specify) <input style="width: 150px;" type="text"/>

This person's job/role is or will be:

Applicant Name:

Date of Birth: SSN: Male Female

(Requesting Agency should verify by viewing the applicant's Drivers License and Social Security card)

Phone Number(s) where applicant can be reached

Current Address:

City: State Zip Code

By signing this form, I give the above named agency/organization permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand, that this information will be used to determine my suitability in working with children and/or to be a foster/adoption resource for children. This information **will not be** re-disseminated to other persons or used for other purposes.

Applicant's Signature: _____ Date:

Witness' Signature: _____ Date:

To be completed by MDHS/DFCS Protection Unit State Office Central Registry Staff

A search of the Mississippi Child Abuse/Neglect Central Registry has been completed. MDHS releases only that information which is necessary to discover or prevent child abuse or neglect.

<input type="checkbox"/> No Felony Information Found	<input type="checkbox"/> Felony Information Found	<input type="checkbox"/> MDHS Licensure Policy Violation Found
<input type="checkbox"/> Substantiated Report Type:	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Neglect
	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Mental Abuse/Neglect

Substantiated Report Dates: Signature Stamp: