



**APPLICANT INFORMATION**

For completion by applicant for whom child protective service check will be completed.

Full Legal Name (First, Middle, Last):	
Other Names Used (First, Middle, Last):	

Male     Female     Other     
 Applicant Date of Birth (m/d/yyyy):      Social Security Number (Voluntary):

Please list all Oregon counties in which you have resided, beginning with the most recent or current to the oldest. Provide the month and year that residency began and ended in 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

**RESULTS -- DHS USE ONLY**

Please stop at this point. The remainder of the form is for DHS use only regarding results.

- The above-named individual is not listed as a perpetrator of abuse in the Oregon Child Abuse/Neglect central registry.
- The above named individual has been determined to be responsible (Founded) for the abuse/neglect of a child in Oregon, or is currently the subject of a child abuse/neglect assessment.

Office of Reported History: \_\_\_\_\_

Case Number and Year of History: \_\_\_\_\_

For additional information, please contact the Oregon Child Welfare office(s) for more information. Local office contact information found at:

<http://www.oregon.gov/DHS/Offices/Pages/Child-Welfare.aspx>

Name of Person  
Completing: \_\_\_\_\_

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Telephone Number:

Date of   
Completion: