

REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY

The Texas Department of Family and Protective Services (DFPS) operates a Central Registry that identifies persons whom DFPS has found to have abused or neglected children. DFPS strives to provide the results of the Central Registry check **within 30 days**. A person may request a Central Registry check on him or herself by completing, having notarized and submitting this request form to:

COMPLETE, NOTARIZE & MAIL THIS FORM TO:

Carolyn Price M/C 121-7

Mailing Address: PO Box 149030, Austin, TX 78714-9030

(512) 919-7906 ~ (Carolyn.price@dfps.state.tx.us)

REQUIRED IDENTIFYING INFORMATION ON REQUESTER - The requester must provide all of this information in order for a check to be made:

| | | | | | |
|---|--|---------------|---|-----------|-------------------|
| First Name | | Middle Name | | Last Name | |
| Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed) | | | | | |
| Residence Street Address | | | City | County | State Zip Code |
| Residence Telephone No. (A/C) | | Date of Birth | Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female | | SSN |
| Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine | | | Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine | | |
| List other places you have resided in <u>Texas</u> | | | | | |

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| <p>SEND RESULTS OF REQUESTED CHECKS TO: <input type="checkbox"/> Requester, OR <input checked="" type="checkbox"/> Designee - Name of Designee: Deliliah Loman</p> <p>Please check below to indicate Agency the Designee Represents:</p> <p>Mailing Address of Designee (City, State, Zip): Department for Community Based Services Records Management Section 275 East Main Street 3E-G Frankfort, Kentucky 40621</p> <p>Email Address: deliliah.loman@ky.gov</p> | <p>RESULTS OF CENTRAL REGISTRY CHECK: DFPS returns the results of the Central Registry check to the requestor or designee indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive the results.</p> <p><u>NOTICE - NOTICE - NOTICE:</u> The requester may not have exhausted all opportunities to contest findings in the Central Registry. Therefore, a requester who designates another person/entity to receive the results of the check is hereby provided notice and cautioned that if he or she disagrees with any such findings, that he or she may have the right to challenge any such findings, and that he or she is authorizing DFPS to release any such findings to a third party prior to or during any challenge to the accuracy of those findings.</p> |
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Signature of Requester _____ Date of Request _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

[Notary stamp or seal]

Notary Public

REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY

FORMS INSTRUCTIONS:

Purpose - to provide a form that an individual can use to request a child abuse and neglect records check from the DFPS Central Registry of Child Abuse and Neglect.

When to Use - DFPS staff can partially complete and generate Form 2970 in order to give it to the requester for completion when a request for a central registry check is received verbally or when a written request not made on Form 2970 does not contain all the information required on Form 2970. A requester does not have to use Form 2970 to make this request but all the required information must be provided and the request must be notarized.

How to Complete - Form 2970 can be accessed from the Smiley face icon, under the APS/CPS Shared Forms menu. Prior to printing the form, staff must enter an address in the first paragraph on the form to indicate where the requester is to send the completed form. Staff may obtain this address from the Regional Director in the region. Staff then print the form and provide it to the requester so that he can complete and submit it.

Responding to Form 2970 When It Is Submitted - Staff designated by the Regional Director review the submitted form for completeness. If not complete and notarized, staff return the form to the requester for completing. If the form is complete and notarized, staff conduct a person search. If the person is found on IMPACT, staff generate, complete as appropriate and print the Central Registry Response from IMPACT. If the person is not found on IMPACT, staff complete and print Form 2972, Child Abuse and Neglect Central Registry Check from the Smiley face icon (under the APS/CPS Shared Forms menu). Staff send the printed form to the requester or his designee.

Retention - Form 2970 and a copy of the response are to be retained three years in administrative files, then destroyed in a manner consistent with observing the confidentiality of case and person information obtained from the central registry checks from IMPACT.

DETAILED INSTRUCTIONS

Enter the Name and Address of the Person Designated by the Regional Director to Receive Form 2970 - DFPS staff enter the name and address of the person designated by the Regional Director to receive Form 2970.

Required Identifying Information on Requester:

First, middle, last name - The requester enters his legal name. Note: if the requester does not have a middle name, leave the 'Middle Name' field blank.

Other Names or Spellings Used - First, Middle, Last - The requester enters his married name(s), maiden name, alias(es), name(s) he uses every day, etc., if different from his legal name.

Residence street address, city, county, state, zip code - The requester enters this information on his current primary residence.

Telephone number (A/C) - The requester enters his primary telephone number, including the area code. If none, leave blank.

Date of Birth - The requester enters his birth date.

Gender - The requester checks the box that represents the appropriate gender.

SSN - The requester enters his social security number.

Race/Ethnicity - The requester checks the box that represents his race and ethnicity.

List other places you have resided (for a minimum of the past 5 years) - The requester enters the names of all the cities Texas where he has resided for at least the past 5 years, other than the current primary residence which has been given above. If none, leave blank.

Send Results of Central Registry Check to: Requester OR Designee - Name of Designee and Agency Designee Represents - At Mailing Address - The requester checks the appropriate box to indicate whether he wants the results of the central registry check sent directly to him or to a designee. If to a designee, the requester enters the name of the designee, the agency the designee represents and the mailing address to which the results of the central registry check are to be sent.

Signature of Requester - The requester signs the form before a notary public.

Date of Request - The requester enters the date he signed the form.

Subscribed and Sworn to Before Me this _____ day of _____ - Notary Public - Notary stamp or seal - The notary provides the information and signs and stamps/seals the form.