



**Georgia Department of Human Services
Division of Family and Children Services
Child Protective Services History Request**

TO BE COMPLETED BY THE REQUESTING AGENCY/STATE OR TRIBAL DEPARTMENT

Agency/Department Name:	Contact Name and Title :
Phone #:	Email:
Agency Type: <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> State or Tribal Agency <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Court Investigator <input type="checkbox"/> Other _____	

PURPOSE OF REQUEST

Is this request pursuant to the placement of a child in the temporary or permanent custody of Georgia DFCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request pursuant to the placement of a child in the temporary or permanent custody of another state or tribal child welfare agency? If yes, name the agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this request pursuant to an Adam Walsh Central Registry Check requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I affirm that the above information is true and accurate and that providing inaccurate information may subject me to penalty under Georgia law.

Signature **Date**

TO BE COMPLETED BY THE CAREGIVER

Are you applying to be a foster or adoptive parent? Yes No
 If no, are you an adult household member of a prospective foster or adoptive parent? N/A No Yes, Prospective Parent Name: _____

Have you or anyone in your current or previous households ever been offered or provided with Child Protective Services from GA DFCS? Yes No
 Have you or anyone in your current or previous households ever fostered or adopted with GA DFCS or a private agency? Yes No
 If yes, list all counties or agencies: _____

Full Name (First, Middle, Last): _____

Social Security Number:	Date of Birth	Age	
Street Address	City	State	Zip Code
Previous Names Used:	List All Georgia Counties You've Lived in		

HOUSEHOLD MEMBERS: List everyone who lives in your household AND anyone who has lived with you at any time during the last 5 years. Attach an additional page if necessary.

Full Name	Relationship	Current or Past Household Member	Date of Birth or Age	Social Security Number (if unknown, write "UNK")	Gender
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Current <input type="checkbox"/> Past			<input type="checkbox"/> Male <input type="checkbox"/> Female

I affirm that the above information is true and accurate and that providing inaccurate information may subject me to penalty under Georgia law.

Signature **Date**