



Out-of-State: Central Abuse Hotline Record Search

I _____
first, middle, last name

as an applicant for adoption, an applicant for foster care licensing/registration, or for purposes of employment, authorize a search for reports of abuse, neglect or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of developmentally disabled persons and children, including family child care homes and facilities, or for purposes of employment. This consent is valid solely for the requesting agency/facility listed below on this form. (Chapter 39, F.S., Social Security Laws Section 471 [42 U.S.C. 671] (a)(20)(B)(i), Hague Convention on Private International Law, 1995)

Applicant Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by the agency identified at the bottom of this page. The applicant may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families. **Only one applicant per release.**

Applicant: SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s): _____

Was the applicant a resident of the State of Florida within the past 5 years? YES NO

Current Address:

_____ (include city, state, Zip and dates at address if known)

Previous Address:

_____ FL _____ Dates: _____

Previous Address:

_____ FL _____ Dates: _____

Reason for Record Search: Adoption Applicant International Adoption Applicant Foster Care Licensing/Registration Applicant
 (NOTE: Searches of the Central Abuse Hotline may **only** be used for employees outlined in F.S. Chapter 39.202.)

TO BE COMPLETED BY REQUESTING AGENCY

- Home Foster/Shelter/Small Group Home Child- Caring Agency
 Adoption Agency – Private State/Local Child Welfare Agency Other: _____

Phone: _____ Fax: _____ Email: _____

Facility/Agency Name: _____

Address: _____
Mailing Address City State Zip Code

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

 Printed Name and Signature of Requesting Facility/Agency Representative Date

Please return to DCF ICPC via Fax, Email, or Mail
Fax # (850) 487-4337, Attention: Donna Ford
Email: Donna_Ford@dcf.state.fl.us
Mailing Address: Donna Ford ,
 1317 Winewood Boulevard, Building 3 Room 102 Tallahassee, FL 32399