



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R6 / 8-15) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* PLEASE NOTE: If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION		
1. Legal first name of applicant	Legal middle name of applicant (if none, indicate "no middle")	Last name of applicant
2. Reason for history check (check all that apply) * <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____		
3. Type of requesting organization <input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____ <input checked="" type="checkbox"/> Other (insert name of requestor) CABINET FOR HEALTH AND FAMILY SERVICES		
4. Name of contact person for organization	5. Telephone number (include area code) (502) 564-3834	6. Fax number (include area code) (502) 564-9554
7. Mailing address of organization (number and street, city, state, and ZIP code) 275 EAST MAIN ST. 3E-G FRANKFORT, KY 40621		8. E-mail address of requestor

SECTION B - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.					
9. Signature of applicant or applicant's legal representative	10. Relationship to applicant	11. Date signed (mm/dd/yyyy)	12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female		
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)		14. Date of birth of applicant (mm/dd/yyyy)	15. Race of applicant		
16. Current residential address of applicant (number and street, city, state, and ZIP code)			17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-		
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County	Year Began	Year Ended	County	Year Began	Year Ended
Example - XYZ County	02/1992	Current	18c.		
18a.			18d.		
18b.			18e.		
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? If yes, complete 19a through 19e. If no, please stop. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name)			19b. Other last name(s)		
19c. Nickname or shortened first name			19d. Pre-adoptive name or other alias name / how used		
19e. Other alias name / how used					

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)	
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer	If yes, was there ever any negative action taken on the foster care application or license? <input type="checkbox"/> Yes <input type="checkbox"/> No
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.	

21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? * <input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.

22. The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below. <input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.		
23. Signature of staff member completing check	24. Title of staff member completing check	25. Date (mm/dd/yyyy)
26. Printed name of staff member completing check	27. Indiana Department of Child Service office completing check _____ County Local Office / Central Office Background Check Unit	