

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
ADAM WALSH CHILD PROTECTIVE & SAFETY ACT OF 2006

IF YOU HAVE LIVED IN NEW YORK STATE IN THE LAST FIVE YEARS AND ARE APPLYING TO BE AN ADOPTIVE OR FOSTER PARENT, YOU MUST COMPLETE THE ATTACHED FORM AND SEND IT TO THE ADDRESS PROVIDED BELOW.

Any person applying to be a foster or adoptive parent who has lived in New York State in the last five years must fill out the attached Adam Walsh Child Protective & Safety Act of 2006 Authorization form. This is to determine if the applicant was the subject (i.e., perpetrator) of an indicated report of child abuse or maltreatment on file with New York Statewide Central Register of Child Abuse and Maltreatment (SCR).

Any person who is the named subject in an indicated report of child abuse and maltreatment (a report substantiated by at least some credible evidence) has a legal right to access that record under Section 422(4)(A)(d) of the SSL. In order to access any such records in the possession of the SCR, the applicant should complete the enclosed form. By completing the enclosed form, the applicant is agreeing to release such records to the agency listed on the second line of the form.

Return the completed and notarized form to:

**NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER
P.O. BOX 4480
ALBANY, NEW YORK 12204-0480**

Please note there is no fee for this service.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
ADAM WALSH CHILD PROTECTIVE & SAFETY ACT OF 2006
REQUEST FOR INFORMATION

FOR USE BY PERSONS CURRENTLY LIVING OUTSIDE NEW YORK STATE WHO ARE PROSPECTIVE ADOPTIVE OR FOSTER PARENTS
OR ANY PERSON 18 YEARS OR OLDER IN THE HOME OF SUCH PROSPECTIVE ADOPTIVE OR FOSTER PARENT.

I, _____, hereby authorize the release to the following Agency or his/her
designee CABINET FOR HEALTH AND FAMILY SERVICES
(Agency Name & Contact Person)
of 275 EAST MAIN STREET 3E-G FRANKFORT, KY 40621
(Mailing Address for Agency)

by the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) of **all information** maintained by the SCR regarding **indicated**¹ reports in which I am a subject of the report, to the extent permitted by section 422(4)(A) of the Social Services Law, in relation to my request to be approved as a prospective adoptive or foster parent or as a person 18 years or older in the home of such person.

The following is information about me, my children and other persons residing in my current household, as well as at my previous addresses. This information is necessary to enable the SCR to conduct a thorough search of its records. I understand that the listing of these persons will not result in the release of information regarding any reports involving them in which I was not a subject of the report.

Please note that each adult in home must fill out a separate form. Use additional pages as necessary.

I. Prospective Adoptive or Foster Parent or Persons 18 years of Age or Older in the Home.				
LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY)
MAIDEN NAME/ALIAS				
CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM / TO /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO /
PREVIOUS ADDRESS FOR THE PAST 28 YEARS	CITY	STATE	ZIP	FROM / TO /

II. Spouse, Children and Other Household Members of the Applicant.				
LAST NAME AND MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY)
LAST NAME AND MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY)
LAST NAME AND MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY)
LAST NAME AND MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY)
LAST NAME AND MAIDEN NAME/ALIAS	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY)

SIGNATURE OF APPLICANT

On this _____ day of _____, 20____, before me personally came who executed the within statement, and he/she duly acknowledged to me that he/she executed the same.

NOTARY PUBLIC

¹ An indicated report is a report of child abuse and maltreatment supported by at least some credible evidence at the conclusion of an investigation.