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Out-of-State: Child Welfare Record Request for Foster Placements

Last.	First			Middle	
as an applicant for adoption, foster care licensing/registration, or caregiver/household member in a home being considered for a relative/non-relative placement of a child(ren), 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 child welfare record 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 develop-mentally disabled persons and children, to include family child care homes and facilities. 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: F	Race:	Sex:	Prior Name(s), ir	ncluding Maiden:
Was the applicant a resident of the State of Florida within the past 5 years? YES NO Current non-Florida Address:					
	(handrada alta a tata a ad	7: 0			
Previous Address:	(Include city, state, and	Zip Code)			
			_FL		Dates:
Previous Address:			FL		Dates:
Reason for Record Search	h:				
Adoption Applicant			Relative/Non-relative Placement		
International Adoption Applicant			Foster Care Licensing/Registration Applicant		
TO BE COMPLETED BY REQUESTING AGENCY					
Home Foster/Shelter/Small Group Home Child-Caring Agency Adoption Agency-Private State/Local Child Welfare Agency					
Other:					
Facility/Agency Name:					
Address: Mailing Address		City		State	Zip Code
Representative/Contact Name:					
Phone: Fax: Email: Email: 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 R	equesting Facility/Agency Repre	esentative			Date

Please return to DCF via Fax or email: Attention: Adam Walsh Record Requests Fax 850-487-6064 or email <u>adamwalsh.requests@myflfamilies.com</u>