



## CHILD ABUSE SCREENING REQUEST INFORMATION

This form is to request a screening to check for Child Protective Services history.

All information except the signature must be typed

### AGENCY REQUESTING SCREENING INFORMATION

NAME	TEL #	EMAIL
NAME OF AGENCY	STREET ADDRESS	CITY/STATE/ZIP CODE

### INFORMATION ON PERSON TO BE SCREENED (APPLICANT) ADDRESSES MUST GO BACK FIVE YEARS NO GAPS (PLEASE USE MONTH/YEAR FORMAT FOR ALL ADDRESSES)

FIRST NAME	MIDDLE NAME ONLY (NOT MAIDEN NAME)	LAST NAME
MAIDEN NAME	OTHER NAMES USED IN THE PAST	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	<b>GENDER</b>
CURRENT ADDRESS	CITY/STATE/ZIP CODE	<b>LIST AS MONTH/YEAR-CURRENT</b>
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR

### CURRENT HOUSEHOLD MEMBERS ONLY (To be completed by Foster Care/Adoptions applicants ONLY.)

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	DATE

IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD PROTECTIVE SERVICES EMAIL



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ORIGINAL SIGNATURE OF APPLICANT	DATE
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