ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

Requirements	States	
Own Form	**AL, AZ, CO, CT, DC, FL, HI, ID,IL, IN, IA, KS, MD, MN, MS, MT, NE, NV, NM, NY, NC, ND, PA, PR, SC, SD, TN, TX, UT, VA, WA, WY**	**These states REQUIRE requests for information to be submitted on the forms they have developed. Links to forms or websites are provided.**
Notary	**AR, AZ, CO, DC, MD, MT, NE, NH, MA, NM, NY, SC, SD, TN, TX, VA**	**Best to use their form.**
Witness	**AL, MS, NE, RI, SC, TX**	**SC will accept notary or witness, TX requires both.**
Fee	**CA - $15, CO - $28 ID - $20, MN - $20, PA - $8, RI - $10, SC - $8, VA - $10, WA-$20, WY - $10**	**Processing fees are reimbursable under Title IV-E administrative expenses.**
Original Sig.	**CA, CO, DC, MD, NJ, NY, NC, SC, SD, TX, WV, WY, Guam**	
Picture ID	**AK, UT**	

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State	Contact Information	Procedures / Forms
Alabama	CAN Central Registry Office of Child Protective Services Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000 Phone: (334) 353-3477 Fax: (334) 242-0939 Contact: Harold Brown, Supervisor E-mail: harold.brown@dhr.alabama.gov	Form: DHR-FCS-1598 CAN Central Registry Clearance Form Required? Yes Visit the website below or call central clearinghouse (334) 242-9500 for forms and instructions Signed release required? Yes, and witnessed Methods of transmission: Original signature required, mail only Fee: no Web: www.dhr.alabama.gov
Alaska	Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99051 Phone: (907) 269-4026 Fax: (907) 269-4098 Contact: Ken Saucier or Anna Peratrovich at (907) 269-0329 E-mail: Kenneth.Saucier@Alaska.gov	Form: 06-9437 LIC Clearance Form - Confidential Go to: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx Form Required? Yes– need a photo ID Signed release required? Yes Methods of transmission: Mail, e-mail or fax Fee: no *Allow 30 days for response
Arizona	Arizona Department of Child Safety Office of Licensing & Regulation Background Investigation Unit P.O. Box 6030, Site Code 10-20 Phoenix, AZ 85005-6030 E-mail: DCYFCentralRegistryCheck@azdes.gov Phone: (602) 364-4255	Form: CSO-1131A DCYFCentralRegistryCheck@azdes.gov e-mail. Form Required? Yes Notary cannot be on separate form Signed release required? Yes Fee: no Methods of transmission: E-mail

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Arkansas	Arkansas Child Maltreatment Central Registry P.O. Box 1437, Slot S 566 Little Rock, AR 72203 Phone: (501) 682-0404 or 682-8760 Fax: (501) 682-0407 Attn: John Lowden	Form: Authorization for Release of Confidential Information Send Arkansas form and standard cover letter on letterhead Form Required? No Signed release required? Yes and notarized Methods of transmission: Fax preferred Fee: no
California	California Department of Justice Bureau of Criminal Information & Analysis CACI P.O. Box 903387 Sacramento, CA 94203-3870 Phone: (916) 227-3285 Fax: (916) 227-4094 CACI-Inquiry@doj.ca.gov	Form: Yes - BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies Form Required? Yes CA Form CA Instructions Signed release required? Yes – as instructed in link above. Methods of transmission: Original signature required, mail only Fee: $15 Note: Processing fees are reimbursable under Title IV-E administrative expenses. CA DOJ Website More info on DSS Adam Walsh Website: CDSS Adam Walsh
Colorado	NEW ADDRESS EFFECTIVE 5/11/2015 CDHS Background Investigation Unit 1575 Sherman Street, Ground Fl. Denver, CO 80203 Phone: (303) 866-7436 or 866-4614 Contact: Shauna Snider	Form: BIU Individual Inquiry Form (do not use the facility form) Form Required? YES Go to website for form: http://www.coloradoofficeofearlychildhood.com/#!biu/c1wjw Signed release required? Yes Methods of transmission: Original signature required, mail only Fee: EFFECTIVE 11/16/2015, $28.00 made payable to CDHS, BIU, Records and Reports. Note: Processing fees are reimbursable under Title IV-E administrative expenses.
Connecticut	Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106 Phone: (800) 842-2288 Phone: (860) 560-7000 Fax: (860) 560-7070 Contact: Dakibu Muley E-mail: Dakibu.Muley@ct.gov	Form: Authorization for Release of Information for DCF CPS Search Form Required? Yes Go to: http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=548372#Background CPS: Background Search Release Form #3033 Signed release required? Yes, see instructions at website link Methods of transmission: Mail or fax Fee: No Website

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Delaware	Department of Services for Children, Youth & Their Families 3411 Silverside Road Wilmington, DE 19810 Phone: (302) 892-5800 Phone: (800) 292-9582 Fax: (302) 633-5191 Contact: Beth Kramer	Form: Consent to Release Child Protection Registry Information. Go to: DE Form Form Required? No. Print form on letterhead. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006. Signed release required? Yes Methods of transmission: Mail or fax Fee: No Website:
District of Columbia	Child & Family Services Agency Child Protection Register 200 I Street, SE Washington, DC 20003 Phone: (202) 727-8885 Fax: (202) 727-8040	Form: Child Protection Register Check Application Form Required? Yes Fee: No Signed release required? Yes and notarized Method of transmission: Mail only, original signature required Website: cfsa@dc.gov
Florida	Department of Children & Families Office of Child Welfare Building 6, Room 339 1317 Winewood Blvd. Tallahassee, FL 32399 Phone: (850) 487-6053 Fax: (850) 487-6064 Contact Keycee Marshall E-mail: adamwalsh.requests@myflfamilies.com	Form: FAH form 1651a Go to: Florida's Website Form Required? Yes. Signed release required? Yes Methods of transmission: Mail, fax or e-mail Fee: No Website:
Georgia	DHS,DCFS Attn: Child Protective Services Screening Unit 2 Peachtree St. NW, 18 Floor Atlanta, GA 30303 **For questions send e-mail to:** customer_services_dfcs@dhs.ga.gov (underscore between customer and services and services and dfcs)	**Georgia's Child Protective Services History** Child protective services historical information remains in the Georgia SHINES data system. Obtaining information from this system is governed by O.C.G.A. Section 49-5-41. This statute requires the agency to share information with local, state or federal governmental entities which are performing their obligations to protect children from abuse or neglect. Child Protective Services History Requests are provided to the following: A State/Tribal Child Welfare Agency or Governmental Entity • Submit a request on agency letterhead to include all identifying information for the individual to be screened. • To an investigator appointed by a court of competent jurisdiction in this state (Georgia Superior Court) to investigate a pending petition for adoption. • *Submit a request on agency letterhead to include all identifying information for the individual to be screened. Under Georgia law, there is no direct method by which a private child welfare agency can obtain CPS information for private foster and adoptive families. Click here to submit a Child Protective Services History Request georgiaadamwalshcheck@dhs.ga.gov

Guam	Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue, #309 Hagatna, Guam 96910 Phone: (671) 475-2653/2672 Fax: (671) 477-0500 E-mail: Linda.rodriguez@dphss.guam.gov	Form: No Form Required? No. Print request for information on letterhead. Signed release required? Yes Methods of transmission: Will accept e-mail or Fax to expedite process, but requires original form by mail to release information Fee: No

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Hawaii	Oahu Child Welfare Services Section 3 Attn: Tonia Mahi 420 Waiakamilo Road, #300A Honolulu, HI 96817 Phone: (808) 832-0609 Fax: (808) 832-0628	Form Required? Yes. Go to: HI Form Methods of transmission: Mail original consent forms. Fee: No Website: http://humanservices.hawaii.gov/ssd/backgroundcheck/
Idaho	Idaho Department of Health & Welfare Criminal History Unit 1720 Westgate Drive, Suite A Boise, ID 83704 Phone: (208) 332-7990 Fax: (208) 332-7991 crimhist@dhw.idaho.gov Contact: Fernando Castro, Program Supervisor E-mail: castrof@dhw.idaho.gov	Website: https://chu.dhw.idaho.gov Form: The form found on the website is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check. Additional documentation should be included to clarify request specifics. Go to: Instructions Is the Form Required? Yes. Signed release required? Yes – signed and notarized Methods of transmission: Mail, fax, e-mail with attachment scanned in PDF format. E-mail to: crimhist@dhw.idaho.gov Fee: $20 per search. Will accept check or money order payable to IDHW that accompanies the request. Note: Processing fees are reimbursable under Title IV-E administrative expenses.
Illinois	Department of Family & Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701 Fax: (217) 782-3991 Attn: SCR PCU Contact: SCR PCU Phone: (217) 557-0758 E-mail:cfs689background@illinois.gov	Form: CFS 689 Authorization for Background Check www.state.il.us/dcfs Form Required? Yes (unless for child protective service investigation) Send as PDF format Signed release required? Yes (unless for investigation) Methods of transmission: Mail, fax or e-mail Please specify on the subject line as: **Out-of-State Child Welfare** Fee: No

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page http://ccld.ca.gov/AdamWalshI_2609.htm

Indiana	Indiana Department of Child Services Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204 Phone: (317) 234-5002 Fax: (317) 234-4633 Contact: Scott Hood E-mail: Background.CheckUnit@dcs.IN.gov	Form: Yes 52802 (R5/8-13)/CW2128 (complete form on-line) http://www.in.gov/dcs/3740.htm form name is actually "Indiana Request for Child Protective Service (CPS) History Check" Form Required? Yes – Be sure to use current form. Always include maiden and all married names for female applicants. If you have not received a response, please call – do not send second request. Information will only be provided to CA Social Services. Signed release required? Yes Methods of transmission: E-mail, Fax or mail Fee: No

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State	Contact Information	Procedures / Forms
Iowa	Iowa Central Abuse Registry Iowa Department of Human Services 1305 E. Walnut, 5th Floor, Hoover Bldg. Des Moines, IA 50319 Phone: (515) 362-7404 Fax: (515) 564-4112 E-mail: DHSAbuseRegistry@dhs.state.ia.us Contact: Linda Chagoya	Form: 470-0643 Request for Child Abuse Information Go to: WWW.DHS.IOWA.GOV Form Required? Yes http://dhs.iowa.gov/sites/default/files/470-0643.pdf Signed release required? No Methods of transmission: E-mail is preferred; placing the word "confidential" in the subject line will ensure messages travel as appropriate through our security filter. Fax is also acceptable. Fee: No
Kansas	Kansas Department of Children & Families/PPS 555 S. Kansas Avenue, 4th Floor Topeka, KS 66603 Phone: (785) 246-7961 or (785) 296-4377 Fax: (866) 317-4279 Contact: Child Abuse/Neglect Central Registry E-mail: centralregistry@dcf.ks.gov	Form: PPS1011 Child Abuse and Neglect Registry Release of Information Rev. 7/2015 Go to: KS Form Form Required? Yes Signed release required? No Methods of transmission: E-mail preferred if no payment required Fax accepted if no payment required Mail only if submitting payment Fee: No fee for state agencies, all others must pay $10 per form Website:
Kentucky	Cabinet for Health & Family Services Department for Community Based Services Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621 Phone: (502) 564-3834 Fax : (502) 564-9554 Contact: Erika Bauford E-mail: erikad.bauford@ky.gov	Foster and Adoptive Parent Applicants Form- No form required. Type your request on your agency letterhead. Include reason for your request, applicant(s) full name, maiden name (if applicable), date of birth, and full social security number. Agency representative needs to sign the request letter. Signed release required? No Methods of transmission: Mail, fax, or e-mail Fee: No http://chfs.ky.gov/dcbs/adamwalshforms.htm For Employment/Volunteer Background Checks, contact Erika Bauford

Louisiana	Louisiana Department of Children and Department of Children &Family Services - CW Attention CPS Intake P.O. Box 3318 Baton Rouge, LA 70821 Phone: (225) 342-1554 Fax: (225) 342-3480 Mona Michelli, Section Administrator E-mail: DCFS.ChildProtectiveServices@LA.GOV	Form: No Form Required? No. Print request on letterhead. Include Name, Aliases; DOB; SSN; Race/Ethnicity, Last Known Address in Louisiana. Signed release required? Yes Methods of transmission: E-mail (preferred), Fax, or Mail Fee: No http://www.dcfs.louisiana.gov

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State	Contact Information	Procedures / Forms
Maine	*DHHS, Office of Child & Family Services* *Child Protective Intake Unit* *2 Anthony Avenue, SHS #11* *Augusta, ME 04333* *Phone: (800) 452-1999 ext. 2* *Contact: Child Protective Intake* *Fax: (207) 287-5065*	Form: No Form Required? No. Print request on letterhead. Signed release required? No Methods of transmission: Mail or fax Fee: No
Maryland	Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201 Contact Center Verification for Foster Care Phone: (800) 332-6347 or (410) 767-7112	Form: DHR/SSA 1279A Consent for Release of Information/Background Clearance Request Form Required? Yes, go to: http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearances%20Form.pdf Signed release required? Yes and notarized Methods of transmission: Original signature required, mail only Fee: No
Massachusetts	Massachusetts Department of Children & Families Attn: CORI Unit 600 Washington Street, 6th Floor Boston, MA 02111 Phone: (617) 748-2079 Toll Free: (800) 792-5200 Fax: (617) 439-9027 Contact Claudel Francoeur E-mail: claudel.francoeur@massmail.state.ma.us	Form: yes Go to:www.mass.gov/dcfadamwalsh (scroll to bottom of page) Signed release required? Yes and notarized. Methods of transmission: MAIL ONLY and include a SASE Fee: No Website

Michigan	Michigan Department of Health & Human Services Division of Child Welfare Licensing P.O. Box 30650 Lansing, MI 48909 Phone: (269) 337-5237 Fax: (269) 337-5129 Contact: Kathy West E-Mail: WestK3@michigan.gov	Form: No Form Required? No. Print request on letterhead & include following: reason for request, family names, DOB, SS# Signed release required? No Methods of transmission: E-mail and FAX Fee: No Website

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Minnesota	Minnesota Department of Human Services Background Studies Unit P.O. Box 64242 St. Paul, MN 55164-0242 Phone: (651) 431-6603 Fax: (651) 297-1490 Contact: Lori Steffan or Stephan Sarumi	Form: Consent/Authorization for Release of Information from Minnesota Child Abuse and Neglect Registry Form Required? Yes Signed release required? Yes Methods of transmission: Mail Fee: $20 to Minn. Dept. of Human Services, Note: Processing fees are reimbursable under Title IV-E administrative expenses. Website
Mississippi	Department of Human Services Protection Unit P.O. Box 352 Jackson, MS 39205-0352 Toll-Free: (800) 222-8000 Phone: (601) 359-4487 Fax: (601) 576-2584 Contact: Pearl Holloway	Form: Specified format required – request example call contact # Signed release required? Yes, with witness Methods of transmission: Mail, include SASE or send e-mail to mscentralregistry@mdhs.ms.gov Fee: No
Missouri	Missouri Department of Social Services Children's Division P.O. Box 88 Jefferson City, MO 65103 Phone: (573) 751-2330 Fax: (573) 751-2607 Contact: Sara Smith. Background & Screening Unit E-mail: Sara.E.Smith@dss.mo.gov	Form: See Website Form Required? Yes. Signed release required? Yes Methods of transmission: Mail, e-mail or fax Fee: No Website : http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html (SHP-159)

Montana	Montana Child & Family Services Division Records Request P.O. Box 8005 Helena, MT 59604-8005 Phone: (406) 841-2400 Fax: (406) 841-2487	Form: Go to website. Form #DPHHS-CFS/LIC018 Form Required? Yes Signed release required? Yes & notarized Methods of transmission: Mail (if requesting by mail send SASE) or fax Fee: No Website
Nebraska	Nebraska Health & Human Services Division of Children & Family Services P.O. Box 95026 Lincoln, NE 68509-5026 Phone: (402) 471-9272 Fax: (402) 742-2344 E-mail: dhhs.cfscentralregistry@nebraska.gov Contact: CPS Central Registry	Form: Yes, see Website for instructions Signed release required? Yes Methods of transmission: Mail, fax and E-Mail Fee: No Website: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx

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Nevada	Nevada Central Registry Nevada Division of Child & Family Services 4126 Technology Way, 3rd Floor Carson City, NV 89706 Fax: (775) 684-4456 Contact: Bruce Cole(775) 684-7941	Form: FPO 0515: Request for Child Abuse/Neglect Screening Go to: http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Forms/FPO_FPO_0515A_Request_for_ChildAbuseAndNeglectScreening.doc Form Required? Yes Signed release required? No (signed release required for Employer requests only) Methods of transmission: Mail or fax Fee: No
New Hampshire	NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301 Phone: (603) 271-8383 Fax: (603) 271-4729 Contact: Susan Hallett-Cook	Form: 2202A Central Registry Name Search Authorization Release of Information to Third Party Go to: http://www.dhhs.nh.gov/hr/documents/registry.pdf Form Required? Yes Signed release required? Yes - Notarized Methods of transmission: Mail ,original required, include SASE Fee: No Website
New Jersey	Department of Children & Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717 Phone: (609) 888-7711 Toll-Free: (877) 667-9845 Contact: Judith Williams	Form: Yes Form Required: CHILD ABUSE RECORD INFORMATION FORM. See New Jersey Website for instructions. Signed release required? Yes Methods of transmission: Mail, original signature required, include SASE Fee: No Website

New Mexico	CYFD Protective Services CRC Unit Room 225 P.O. Drawer 5160 Santa Fe, NM 87502 Phone: (505) 827-8400 Contact: Ask for CRC Unit	Form: Yes – Abuse & Neglect Check for Prospective Foster/Adoptive Parents Form Required? Yes, go to website for form Signed release required? Yes – Notary Required Methods of transmission: Mail - Original Signature Fee: No Website: https://cyfd.org/for-providers/info-and-manuals E-mail: CYFD.PSCriminalReco@state.nm.us

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New York	Office of Children & Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204 Form Info: (518) 474-5297 Phone: (800) 342-3720 Fax: (518) 486-3424 Contact: Roberta Frederick	Form: Adam Walsh Authorization for Request for Information Form Required? Yes – NY Form Type Adam Walsh in search field Signed release required? Yes - notarized Methods of transmission: Mail only, original required Fee: No Website:
North Carolina	N.C. Division of Social Services 820 S. Boylan Avenue, MSC 2408 Raleigh, NC 27699-2408 Attn: RIL Fax: (919) 715-6714 Contact: Child Welfare Policy Section Phone: (919) 527-6340	Form Required? Yes DSS-5268 Form: NC Form Instructions: Website
North Dakota	Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept 325 Bismarck, ND 58505-0250 Phone: (701) 328-1846 Fax: (701) 328-0358 Contact: Tara Reed E-mail: dhscfscbc@nd.gov	Form: SFN 433 Child Abuse and Neglect Background Inquiry ND Form Form Required? Yes Signed release required? Yes, part of SFN 433 Methods of transmission: Faxed, E-mailed, or mailed Fee: No Website
Ohio	Ohio Department of Job & Family Services Office of Families & Children PO Box 183204 Columbus, OH 43218-3204 Phone: (614) 752-1298 (866) 635-3748 OPTION 2 Fax: (614) 728-6726 Contact: Barbara Parker	Form: No Methods of transmission: E-mail to Barbara Parker, fax or US Mail. E-mail transmission is preferred. • Request must be submitted on the agency letterhead. • Request must state that searches are required for the Adam Walsh Child Protection and Safety Act of 2006 (or AWA) and the subject of the searches previously resided in Ohio. • Note the specific reason searches are required; e.g., prospective foster parent or applicant for a U.S. adoption. • Request should state the full names of individuals requiring searches, including maiden or other names used; date of birth, Social Security Number and, optionally, home address while living in Ohio.

	E-mail: Barbara.Parker@jfs.ohio.gov Janice Blue E-mail: Janice.blue@jfs.ohio.gov	Signed release required: No Fee: No Website: http://jfs.ohio.gov/ocf/childprotectiveservices.stm

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Oklahoma	**Request Processing Worker** David Burgess OK Department of Human Services Children & Family Services Division Attn: David Burgess P.O. Box 25352 Oklahoma City, OK 73125 Office: (405) 522-4051 Fax: (405) 521-4373 E-mail: Laurie.Morris@okdhs.org **Request Processing Supervisor** Charlotte Kendrick LCSW Program Administrator-Protection & Prevention OKDHS - Child Welfare Services Office: (405) 521-3811 E-mail: Charlotte.Kendrick@okdhs.org	Form: Requesting Agency Letterhead Signed Release Required? No Method of Transmission: Preferred E-mail – caniscps@okdhs.org Other – FAX 405-521-4373 Requests must be made by e-mail to caniscps@okdhs.org. or fax to 405-521-4373 and should include the purpose of the request, names/identifying information of family members for which history is being requested, and a return e-mail address and fax number. Please DO NOT E-MAIL THE REQUEST DIRECTLY TO THE PROCESSING WORKER'S PERSONAL E-MAIL AS IT WILL NOT BE RESPONDED TO. **Requests may take up to four to six weeks to process.** Specific case scenarios that require a more expedient response must be justified in the request. ******Please note**: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter stating the above information. Furthermore per Social Security Act, 42 U.S.C. § 671 once a State has verified that another State does not maintain a CAN registry, the requesting State is not required to keep making requests to that State to make a registry check. States that do not maintain a CAN registry are not required by section 471(a)(20)(C)(ii) of the Social Security Act to provide child abuse and neglect information to a requesting State on adult members of a prospective foster or adoptive parent's home.
Oregon	Oregon Department of Human Services - Background Check Unit P.O. Box 14870 Salem, OR 97309-5066 Fax: (503) 378-6314 Attn: Adam Walsh Coordinator E-mail: Adam-Walsh.Oregon@state.or.us	Form Required? No. Signed release required? No Put request on agency letterhead. Include the full name, maiden name, any other akas of each applicant, their gender, DOB, SS#, reason for request: adoption or foster. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006 You may e-mail your request to Adam-Walsh.Oregon@state.or.us attach the letterhead document.) The results will be securely e-mailed back. Methods of transmission: E-mail, fax or mail
Pennsylvania	ChildLine & Abuse Registry Department of Human Services P.O. Box 8170	Form: The Pennsylvania Child Abuse History Clearance (CY113) form can be found at http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/in

	Harrisburg, PA 17105-8170 Phone: (717) 783-4571 Toll-Free: (877) 371-5422 Contact: Out of State Clearance Unit E-mail: RA-PWCHILDLINEOOS@pa.gov	dex.htm. An online request can also be submitted at https://www.compass.state.pa.us/CWIS. Release form: No specific form is available but the agency must submit an authorization/release of information form in order to receive information on out of state requests. Typically, the agency requesting the out of state interpretation will supply this form. Fee: $8 payable to the Department of Human Services for the PA Child Abuse Clearance. Additional fees may apply as required by other states. Method of Transmission: • For a PA Child Abuse Clearance by walk-in, mail or online only. • For Out of State requests walk-in and mail only. Questions can be directed to the RA-PWCHILDLINEOOS@pa.gov e-mail account. More information about Pennsylvania Child Abuse Clearances can be found on www.keepkidssafe.pa.gov.

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Puerto Rico	Directora Centro Estatal P.O. Box 11398 San Juan, PR 00910-1398 Phone: (787) 625-4900 ext 1720 Contact: Wilda Moctezuma OR Damaris Medina E-Mail wmoctezuma@familia.pr.gov or DMedina@familia.pr.gov	Form: Yes Form Required? Yes – attached on the bottom of this list. Signed release required? No Methods of transmission: wmoctezuma@adfan.pr.gov Fee: No Not clear if there is a registry for child abuse. There is a sexual offender registry.
Rhode Island	Rhode Island State Central Registry & Child Abuse Hotline DCYF 101 Friendship Street, 2nd Floor Providence, RI 02903 Phone: (800) 742-4453 (401) 528-3842 Fax: (401) 528-3480 Contact: Jan Mitchell E-mail: Janice.mitchell@dcyf.ri.gov	Form: No Form Required? Request on state letterhead Signed release required? Yes, and witnessed Methods of transmission: US mail only Fee: $10.00 make check payable to: General Treasurer, State of Rhode Island Website
South Carolina	South Carolina Department of Social Services Central Registry P.O. Box 1520 Columbia, SC 29202-1520 Phone: (803) 898-7318 Fax: (803) 898-7641 Contact: Barbara Atiba or Faye Chandler E-mail: Barbara.Atiba@dss.sc.gov Faye.Chandler@dss.sc.gov	Form: DSS Form 3072 Consent to Release Information Go to: SC Form Form Required? Yes. Signed release required? Yes, witnessed or notarized Methods of transmission: Original signature required, mail only Fee: $8 Website: www.state.sc.us/dss

South Dakota	Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501-2291 Phone: (605) 773-3227 FAX: (605) 773-6834 Contact: Nicole LeBeau E-mail: nicole.lebeau@state.sd.us	Form: Yes. Contact by phone for instructions. Form Required? Yes Signed release required? Yes, witnessed and notarized Methods of transmission: Mail, original required Fee: No
Tennessee	Tennessee Department of Children's Services UBS Tower, 7th Floor (Due Process Procedure) 315 Deaderick Street Nashville, TN 37243 Contact: Larry Phillips Phone: (615) 532-9856	Form: Yes Form Required? Yes Signed release required? Yes A copy of the person's signed "authorization to release information" specifically stating information is to be released from Tennessee Department of Children's Services to your agency. **NOTE:** This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Department of Children's Services)" to "release" any CPS history information to "you". Send a cover letter on your agency's letterhead briefly stating the reason you are requesting a central registry search. Methods of transmission: E mail ONLY: EI_DCS_CPS_CentralRegistryCheck@tn.gov (Note: if typed, spaces are underscored) In the subject line enter Out of State Request along with applicant's first initial and last name. Fee: No Website ctrl click and then search for Form CS-0741. Complete form and send in Word format.

Updates for information listed here should be directed to: **Lynnette.White-Bowen@DSS.CA.GOV**

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NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."

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State	Contact Information	Procedures / Forms
Texas	Texas Department of Family & Protective Services Centralized Background Check Unit P.O. Box 149030 Mail Code 121-7 Austin, TX 78714-9030 1-800-645-7549 Fax: (512) 339-5871 Contacts: 1-800-645-7549	Form: 2970 Request for Child Abuse/Neglect Central Registry, **use revised form dated September 2016.** Form Required? Yes Signed release required? Yes, witnessed AND notarized **Please Notice**: DFPS Centralized Background Check Unit (CBCU) now accepts Central Registry requests electronically. Requestors can scan/e-mail the 2970 form directly to: TXAbuseNeglectBGC@dfps.state.tx.us or fax to: (512) 339-5871. If you have questions or are seeking the status of a check, you can utilize the e-mail address or call the Support Line (1-800-645-7549). CBCU will continue to accept the 2970 by regular mail, as well. Requestors should access the most current form by going to the DFPS website and searching for the 2970 form, found here: http://www.dfps.state.tx.us/site_map/forms.asp **IF this request is for a CPS investigation**: SWI (Statewide Intake), takes requests like these. The caseworker needs to put their request on their state agency's letterhead and fax it to: 800-647-7410. The letterhead should include as many identifiers as possible on the subjects of the BGC, including any prior addresses. SWI can be reached at 1-800-252-5400 Fee: No Website
Utah	Division of Child & Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116	Form: http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf **NEW FORM REVISED JANUARY 2016** Form Required? Yes ID Needed: Client driver's license or passport

	Phone: (801) 538-4466 Fax: (801) 538-3993 Contact: Nora Wilson E-mail: dcfscentralregistry@utah.gov	Signed release required? Yes Methods of transmission: Mail , fax or e-mail, also include a copy of the person's picture identification Fee: No Website
Vermont	Child Abuse Registry Unit DCF/Family Services Division 103 South Main Street, Osgood 3 Waterbury, VT 05671-2401 Phone: (802) 871-6474 Fax: (802) 241-3301 Contact: Dianne Jabar E-mail: Dianne.jabar@state.vt.us	Form: Request for Information from the Vermont Child Protection Registry http://dcf.vermont.gov/sites/dcf/files/pdf/Registry_Self_Check.pdf Form Required? Yes Signed release required? Yes Methods of transmission: U.S. Mail, include SASE Fee: No http://dcf.vermont.gov/child_protection_registry
Virginia	Virginia Department of Social Services Child Abuse Central Registry Unit OBI Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219-2901 Phone: (804) 726-7567 Toll-Free: (800) 552-7096 Fax: (804) 726-7897 Contact: Betty Whittaker, Central Registry Supervisor E-mail: betty.whittaker@dss.virginia.gov	Form: 032-02-0151-12 Central Registry Release of Information Form Go to:www.dss.virginia.gov Form Required? Yes Signed release required? Yes, and notarized (complete Certification section of form and attach notary form) Methods of transmission: Original signature required, mail only Fee: Yes - $10 (EFFECTIVE 08/18/2015) Website:

Updates for information listed here should be directed to: **Lynnette.White-Bowen@DSS.CA.GOV**

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State	Contact Information	Procedures / Forms
Virgin Islands	Department of Human Services Children & Family Services Division Intake and Emergency Services Knud Hansen Complex 1303 Hospital Ground St. Thomas, VI 00802 Phone: (340) 774-0930 ext 4393 Fax: (340) 774-0082 Contact: Carla Benjamin, Administrator E-mail: carla.benjamin@gmail.com Janet Turnbull-Krigger, Administrator E-mail: turnbullkrigger@yahoo.com	Form: No, Place request information on letterhead Signed release required? No Method of transmission: e-mail Fee: no
Washington	DSHS Children's Administration, FISCAL NCIC Access Unit Central Intake Office Attn: CAN History Check PO Box 45710 Olympia, WA 98504-5710	Form: https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states Form Required? Yes and TYPED

	Phone: (800) 562-5624 Fax: (206) 341-7930 Contact: Lucy McCornell E-mail: CANhistorychecks@dshs.wa.gov.	Signed release required? Yes Methods of transmission: Mail, e-mail and fax Fee: $20.00
West Virginia	West Virginia Department of Health & Human Resources 350 Capitol Street, RM 691 Charleston, WV 25301 Phone: (304) 558-4408 Toll-Free: (800) 352-6513 Fax (304) 558-5354 Contact: Cher O'Brien E-mail: fc697@wvdhhr.org	Form: BCF-PSRC Authorization and Release for Protective Services Record Check Go to: WV Form Form Required? Yes New FORM and New INSTRUCTIONS effective 3/1/2014 Signed release required? Yes, require original signature Methods of transmission: Original signature required, mail only Fee: No Website:
Wisconsin	Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703 E-Mail Address: CWBckgrdRequests@wisconsin.gov Fax: (608) 226-5521	Form: http://dcf.wisconsin.gov/forms/doc/5065.doc Form Required? YES Signed release required? Yes Methods of transmission: E-Mail or fax Fee: Not at state level but counties may charge a fee No Central Registry Website

Updates for information listed here should be directed to: **Lynnette.White-Bowen@DSS.CA.GOV**

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State	Contact Information	Procedures / Forms
Wyoming	Department of Family Services 2300 Capitol Avenue, 3RD Floor Cheyenne, WY 82002 Phone: (307) 777-8538 Fax: (307) 777-3693 Contacts: Stephanie Knowles (307) 777-5894 OR Heidi Teasley (307) 777-5491 E-mail: stephanie.knowles@wyo.gov heidi.teasley@wyo.gov	Form: SS-26EX Application for Child Abuse/Neglect and Adult Central Registry Screens and Wyoming Criminal History Record Prescreens https://docs.google.com/a/wyo.gov/viewer?a=v&pid=sites&srcid=d3lvLmdvdnxkZnN3ZWJ8Z3g6Y2ZkOGQ0YWM1OTBkNWFi Form Required? Yes, include all pages and a Self-Addressed Envelope Signed release required? Yes with original signature Methods of transmission: Original signature required, mail only Fee: $10.00 (Waived for a state agency request) Website

Updates for information listed here should be directed to: **Lynnette.White-Bowen@DSS.CA.GOV**

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page
http://ccld.ca.gov/AdamWalshI_2609.htm

PUERTO RICO FORM BELOW

GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE LA FAMILIA
ADMINISTRACION DE FAMILIAS Y NIÑOS
CENTRO ESTATAL DE PROTECCION A MENORES
REGISTRO CENTRAL DE CASOS DE PROTECCION

SOLICITUD DE BUSQUEDA DE ANTECEDENTES DE MALTRATO, MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Parte I: Para ser Completada por la Agencia o el Individuo Solicitante

Nombre de la Agencia o Individuo Solicitante _____ Apodo _____

Dirección Postal _____

Dirección Residencial _____

Número de Teléfono _____ Número de Fax _____ Correo Electrónico _____

Propósito de la Búsqueda:

☐ Adopción ☐ Adopción Privada ☐ Comunidad
☐ Cuidado Sustituto ☐ Patrono ☐ Otros: Especifique: _____
☐ Licenciamiento ☐ Servicios Interagenciales

Parte II: Complete la Información sobre la Persona de Quien se Hace la Búsqueda de Antecedentes:
Datos de Identificación:

Nombre _____ Inicial _____ Apellidos _____

Fecha de Nacimiento (Día/Mes/Año) _____ Edad _____ Género: ☐F ☐M

Número de Seguro Social: XXX-XX-_____ Estatus Civil: _____

Dirección de los Últimos Cinco (5) Años:

Direcciones (Comenzando con la más reciente. Identifique Barrio, Sector, Urbanización, Núm. Calle, Número de Apartamento)	**Desde** Día-Mes-Año	**Hasta** Día-Mes-Año
Dirección 1:		
Dirección 2:		
Dirección 3:		
Dirección 4:		
Dirección 5:		

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Ocupación del Solicitante: _____ Lugar Actual de Trabajo: _____
Lugar Anterior de Trabajo: _____

¿Ha trabajado en alguna institución de servicios a menores? ☐Si ☐No Especifique

☐Centro de Cuido ☐Hogar de Grupo ☐Centro de Tratamiento a Menores
☐Albergue ☐Campamento ☐Hogar de Crianza
☐Escuela Pública o Privada ☐Institución Juvenil ☐Centros Residenciales de Rehabilitación (Adicción, Alcoholismo, Salud Mental y de Salud)

Datos de Identificación de los Miembros del Núcleo Familiar Actual: (Incluya nombres de: hijos/as propios/as, hijastros/as, hijos/as de crianza, aunque ya sean adultos/as y actualmente no vivan con usted)

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

Datos de Identificación de los Miembros del Núcleo Familiar Anterior (si aplica): (Incluya nombres de: esposas/os anteriores, hijos/as propios/as, hijastros/as, hijos/as de crianza, aunque actualmente no vivan con usted)

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

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Certificación y Consentimiento:[1]

Certifico que la información contenida en este formulario, es correcta y autorizo al Centro Estatal, Registro Central de Casos de Protección a Menores, a realizar los procedimientos correspondientes, basados en mi información personal, para certificar el resultado de la búsqueda de antecedentes de Maltrato, Maltrato Institucional, Negligencia y Negligencia Institucional.

Nombre	Firma	Día-Mes-Año
Nombre de Testigo de Firma	Firma	Día-Mes-Año

Autorizo que el resultado de esta búsqueda sea notificado a la Agencia o Individuo Solicitante (Parte I de esta Forma).

Nombre

Dirección

Nombre	Firma	Día-Mes- Año

LA/CMC/ldj
11/2010

[1] Se utilizará testigo de firma o marca cuando se refiere a persona que no sabe leer ni escribir, no vidente, audio/impedido u otro que requiera asistencia para hacer la solicitud.

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