

# 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	
<b>NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."</b> <b>NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."</b> <b>The subject of the inquiry is NOT the "Requestor."</b>		
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: <a href="mailto:harold.brown@dhr.alabama.gov">harold.brown@dhr.alabama.gov</a>	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: <a href="http://www.dhr.alabama.gov">www.dhr.alabama.gov</a>
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: <a href="mailto:Kenneth.Saucier@Alaska.gov">Kenneth.Saucier@Alaska.gov</a>	Form: 06-9437 LIC Clearance Form - Confidential Go to: <a href="http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx">http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</a>  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: <a href="mailto:DCYFCentralRegistryCheck@azdes.gov">DCYFCentralRegistryCheck@azdes.gov</a>  Phone: (602) 364-4255	Form: CSO-1131A <a href="mailto:DCYFCentralRegistryCheck@azdes.gov">DCYFCentralRegistryCheck@azdes.gov</a> e-mail. Form Required? Yes Notary cannot be on separate form Signed release required? Yes Fee: no  <b>Methods of transmission: E-mail</b>

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page  
[http://ccld.ca.gov/AdamWalsh1\\_2609.htm](http://ccld.ca.gov/AdamWalsh1_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."  
NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

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  <a href="mailto:CACI-Inquiry@doj.ca.gov">CACI-Inquiry@doj.ca.gov</a>	Form: Yes - BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies  Form Required? Yes <a href="#">CA Form</a> <a href="#">CA Instructions</a>  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.  <a href="#">CA DOJ Website</a> More info on DSS Adam Walsh Website: <a href="#">CDSS Adam Walsh</a>
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: <a href="http://www.coloradoofficeofearlychildhood.com/#!biu/c1wjw">http://www.coloradoofficeofearlychildhood.com/#!biu/c1wjw</a> 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: <a href="mailto:Dakibu.Muley@ct.gov">Dakibu.Muley@ct.gov</a>	Form: Authorization for Release of Information for DCF CPS Search  Form Required? Yes  Go to: <a href="http://www.ct.gov/dcf/cwp/view.asp?a=2639&amp;Q=548372#Background">http://www.ct.gov/dcf/cwp/view.asp?a=2639&amp;Q=548372#Background</a> CPS: Background Search Release Form #3033  Signed release required? Yes, see instructions at website link  Methods of transmission: Mail or fax  Fee: No  <a href="#">Website</a>

**This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://ccld.ca.gov/AdamWalsh1\\_2609.htm](http://ccld.ca.gov/AdamWalsh1_2609.htm)**

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

Updates for information listed here should be directed to: [Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
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: <a href="#">DE Form</a>  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  <a href="#">Website:</a>
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  <a href="mailto:cfsa@dc.gov">Website: cfsa@dc.gov</a>
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: <a href="mailto:adamwalsh.requests@myffamilies.com">adamwalsh.requests@myffamilies.com</a>	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 <a href="#">Website:</a>
Georgia	DHS,DCFS Attn: Child Protective Services Screening Unit 2 Peachtree St. NW, 18 Floor Atlanta, GA 30303  <b>For questions send e-mail to:</b> <a href="mailto:customer_services_dfcs@dhs.ga.gov">customer_services_dfcs@dhs.ga.gov</a> (underscore between customer and services and services and dfcs)	<b>Georgia's Child Protective Services History</b> 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 <ul style="list-style-type: none"> <li>• Submit a request on agency letterhead to include all identifying information for the individual to be screened.</li> <li>• To an investigator appointed by a court of competent jurisdiction in this state (Georgia Superior Court) to investigate a pending petition for adoption.</li> <li>• *Submit a request on agency letterhead to include all identifying information for the individual to be screened.</li> </ul> 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 <a href="mailto:georgiaadamwalshcheck@dhs.ga.gov">georgiaadamwalshcheck@dhs.ga.gov</a>

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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: <a href="mailto:Linda.rodriquez@dphss.guam.gov">Linda.rodriquez@dphss.guam.gov</a>	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
------	---	---

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

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."  
 NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
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: <a href="#">HI Form</a>  Methods of transmission: Mail original consent forms.  Fee: No  Website: <a href="http://humanservices.hawaii.gov/ssd/backgroundcheck/">http://humanservices.hawaii.gov/ssd/backgroundcheck/</a>
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 <a href="mailto:crimhist@dhw.idaho.gov">crimhist@dhw.idaho.gov</a>  Contact: Fernando Castro, Program Supervisor E-mail: <a href="mailto:castrof@dhw.idaho.gov">castrof@dhw.idaho.gov</a>	Website: <a href="https://chu.dhw.idaho.gov">https://chu.dhw.idaho.gov</a>  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: <a href="#">Instructions</a>  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: <a href="mailto:crimhist@dhw.idaho.gov">crimhist@dhw.idaho.gov</a>  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: <a href="mailto:cfs689background@illinois.gov">cfs689background@illinois.gov</a>	Form: CFS 689 Authorization for Background Check <a href="http://www.state.il.us/dcfs">www.state.il.us/dcfs</a>  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 <b>Please specify on the subject line as:</b> <div style="background-color: yellow; padding: 2px; text-align: center;"><b>Out-of-State Child Welfare</b></div> Fee: No

**This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://cclid.ca.gov/AdamWalshI\\_2609.htm](http://cclid.ca.gov/AdamWalshI_2609.htm)**

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

Indiana	<p>Indiana Department of Child Services Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204</p> <p>Phone: (317) 234-5002 Fax: (317) 234-4633</p> <p>Contact: Scott Hood E-mail: <a href="mailto:Background.CheckUnit@dcs.IN.gov">Background.CheckUnit@dcs.IN.gov</a></p>	<p>Form: Yes 52802 (R5/8-13)/CW2128 (complete form on-line) <a href="http://www.in.gov/dcs/3740.htm">http://www.in.gov/dcs/3740.htm</a> form name is actually "Indiana Request for Child Protective Service (CPS) History Check"</p> <p>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 – <u>do not</u> send second request. Information will only be provided to CA Social Services.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax or mail</p> <p>Fee: No</p>
---------	--	--

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

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
Iowa	<p>Iowa Central Abuse Registry Iowa Department of Human Services 1305 E. Walnut, 5<sup>th</sup> Floor, Hoover Bldg. Des Moines, IA 50319</p> <p>Phone: (515) 362-7404 Fax: (515) 564-4112</p> <p>E-mail: <a href="mailto:DHSAbuseRegistry@dhs.state.ia.us">DHSAbuseRegistry@dhs.state.ia.us</a></p> <p>Contact: Linda Chagoya</p>	<p>Form: 470-0643 Request for Child Abuse Information Go to: <a href="http://WWW.DHS.IOWA.GOV">WWW.DHS.IOWA.GOV</a></p> <p>Form Required? Yes <a href="http://dhs.iowa.gov/sites/default/files/470-0643.pdf">http://dhs.iowa.gov/sites/default/files/470-0643.pdf</a></p> <p>Signed release required? No</p> <p>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.</p> <p>Fee: No</p>
Kansas	<p>Kansas Department of Children &amp; Families/PPS 555 S. Kansas Avenue, 4<sup>th</sup> Floor Topeka, KS 66603</p> <p>Phone: (785) 246-7961 or (785) 296-4377 Fax: (866) 317-4279</p> <p>Contact: Child Abuse/Neglect Central Registry E-mail: <a href="mailto:centralregistry@dcf.ks.gov">centralregistry@dcf.ks.gov</a></p>	<p>Form: PPS1011 Child Abuse and Neglect Registry Release of Information Rev. 7/2015 Go to: <a href="#">KS Form</a> Form Required? Yes</p> <p>Signed release required? No</p> <p>Methods of transmission: E-mail preferred if no payment required Fax accepted if no payment required Mail only if submitting payment</p> <p>Fee: No fee for state agencies, all others must pay \$10 per form</p> <p><a href="#">Website:</a></p>
Kentucky	<p>Cabinet for Health &amp; Family Services Department for Community Based Services Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: (502) 564-3834 Fax: (502) 564-9554</p> <p>Contact: Erika Bauford E-mail: <a href="mailto:erikad.bauford@ky.gov">erikad.bauford@ky.gov</a></p>	<p><u>Foster and Adoptive Parent Applicants Form- No form required.</u> 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.</p> <p>Signed release required? No Methods of transmission: Mail, fax, or e-mail Fee: No <a href="http://chfs.ky.gov/dcbs/adamwalshforms.htm">http://chfs.ky.gov/dcbs/adamwalshforms.htm</a></p> <p>For Employment/Volunteer Background Checks, contact Erika Bauford</p>

**This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)**

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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: <a href="mailto:DCFS.ChildProtectiveServices@LA.GOV">DCFS.ChildProtectiveServices@LA.GOV</a>	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  <a href="http://www.dcfslouisiana.gov">http://www.dcfslouisiana.gov</a>
-----------	---	--

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

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."  
 NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

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: <a href="http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearances%20Form.pdf">http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearances%20Form.pdf</a>  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, 6 <sup>th</sup> Floor Boston, MA 02111  Phone: (617) 748-2079 Toll Free: (800) 792-5200 Fax: (617) 439-9027  Contact Claudel Francoeur E-mail: <a href="mailto:claudel.francoeur@massmail.state.ma.us">claudel.francoeur@massmail.state.ma.us</a>	Form: yes Go to: <a href="http://www.mass.gov/dcfadamwalsh">www.mass.gov/dcfadamwalsh</a> (scroll to bottom of page) Signed release required? Yes and notarized.  Methods of transmission: MAIL ONLY and include a SASE  Fee: No  <a href="#">Website</a>

**This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page**  
[http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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: <a href="mailto:WestK3@michigan.gov">WestK3@michigan.gov</a>	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  <a href="#">Website</a>
----------	---	--

Updates for information listed here should be directed to: [Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
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.  <a href="#">Website</a>
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 <a href="mailto:mscentralregistry@mdhs.ms.gov">mscentralregistry@mdhs.ms.gov</a>  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: <a href="mailto:Sara.E.Smith@dss.mo.gov">Sara.E.Smith@dss.mo.gov</a>	Form: See Website  Form Required? Yes.  Signed release required? Yes  Methods of transmission: Mail, e-mail or fax  Fee: No  <a href="http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html">Website :</a> <a href="http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html">http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html</a> (SHP-159)

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://cclid.ca.gov/AdamWalshI\\_2609.htm](http://cclid.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

Montana	Montana Child & Family Services Division <u>Records Request</u> 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 <a href="#">Website</a>
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: <a href="mailto:dhhs.cfscentralregistry@nebraska.gov">dhhs.cfscentralregistry@nebraska.gov</a> Contact: CPS Central Registry	Form: Yes, see Website for instructions Signed release required? Yes Methods of transmission: Mail, fax and E-Mail Fee: No <a href="http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx">Website: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx</a>

Updates for information listed here should be directed to: [Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
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: <a href="http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Forms/FPO_FPO_0515A_Request_for_ChildAbuseAndNeglectScreening.doc">http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Forms/FPO_FPO_0515A_Request_for_ChildAbuseAndNeglectScreening.doc</a>  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: <a href="http://www.dhhs.nh.gov/hr/documents/registry.pdf">http://www.dhhs.nh.gov/hr/documents/registry.pdf</a> Form Required? Yes  Signed release required? Yes - Notarized  Methods of transmission: Mail ,original required, include SASE Fee: No <a href="#">Website</a>
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  <a href="#">Website</a>

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)



# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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: <a href="https://cyfd.org/for-providers/info-and-manuals">https://cyfd.org/for-providers/info-and-manuals</a> E-mail: <a href="mailto:CYFD.PSCriminalReco@state.nm.us">CYFD.PSCriminalReco@state.nm.us</a>
------------	---	--

Updates for information listed here should be directed to:

[Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
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 – <a href="#">NY Form</a> Type Adam Walsh in search field  Signed release required? Yes - notarized  Methods of transmission: Mail only, original required  Fee: No  <a href="#">Website:</a>
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: <a href="#">NC Form</a>  Instructions: <a href="#">Website</a>
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: <a href="mailto:dhsfcscbc@nd.gov">dhsfcscbc@nd.gov</a>	Form: SFN 433 Child Abuse and Neglect Background Inquiry <a href="#">ND Form</a>  Form Required? Yes  Signed release required? Yes, part of SFN 433  Methods of transmission: Faxed, E-mailed, or mailed  Fee: No <a href="#">Website</a>
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. <ul style="list-style-type: none"> <li>• Request must be submitted on the agency letterhead.</li> <li>• 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.</li> <li>• Note the specific reason searches are required; e.g., prospective foster parent or applicant for a U.S. adoption.</li> <li>• 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.</li> </ul>

**This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page**  
[http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

<p>E-mail: <a href="mailto:Barbara.Parker@jfs.ohio.gov">Barbara.Parker@jfs.ohio.gov</a>                  Janice Blue                  E-mail: <a href="mailto:Janice.blue@jfs.ohio.gov">Janice.blue@jfs.ohio.gov</a></p>	<p>Signed release required: No                  Fee: No                  Website:  <a href="http://jfs.ohio.gov/ocf/childprotectiveservices.stm">http://jfs.ohio.gov/ocf/childprotectiveservices.stm</a></p>
--	--

Updates for information listed here should be directed to: [Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
Oklahoma	<p><b><u>Request Processing Worker</u></b></p> <p>David Burgess                      OK Department of Human Services                      Children &amp; Family Services Division                      Attn: David Burgess                      P.O. Box 25352                      Oklahoma City, OK 73125</p> <p>Office: (405) 522-4051                      Fax: (405) 521-4373</p> <p>E-mail: <a href="mailto:Laurie.Morris@okdhs.org">Laurie.Morris@okdhs.org</a></p> <p><b><u>Request Processing Supervisor</u></b></p> <p>Charlotte Kendrick LCSW                      Program Administrator-Protection &amp; Prevention                      OKDHS - Child Welfare Services</p> <p>Office: (405) 521-3811</p> <p>E-mail: <a href="mailto:Charlotte.Kendrick@okdhs.org">Charlotte.Kendrick@okdhs.org</a></p>	<p>Form: Requesting Agency Letterhead                      Signed Release Required? No</p> <p>Method of Transmission: Preferred E-mail – <a href="mailto:caniscps@okdhs.org">caniscps@okdhs.org</a>                      Other – FAX 405-521-4373</p> <p>Requests must be made by e-mail to <a href="mailto:caniscps@okdhs.org">caniscps@okdhs.org</a> 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. <b>Please DO NOT E-MAIL THE REQUEST DIRECTLY TO THE PROCESSING WORKER'S PERSONAL E-MAIL AS IT WILL NOT BE RESPONDED TO.</b>  <b>Requests may take up to four to six weeks to process.</b></p> <p>Specific case scenarios that require a more expedient response must be justified in the request.  <b>****Please note:</b> 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.</p>
Oregon	<p>Oregon Department of Human Services -                      Background Check Unit                      P.O. Box 14870                      Salem, OR 97309-5066</p> <p>Fax: (503) 378-6314                      Attn: Adam Walsh Coordinator</p> <p>E-mail:  <a href="mailto:Adam-Walsh.Oregon@state.or.us">Adam-Walsh.Oregon@state.or.us</a></p>	<p>Form Required? No.                      Signed release required? No</p> <p>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</p> <p>You may e-mail your request to <a href="mailto:Adam-Walsh.Oregon@state.or.us">Adam-Walsh.Oregon@state.or.us</a> attach the letterhead document.) The results will be securely e-mailed back.</p> <p>Methods of transmission: E-mail, fax or mail</p>
Pennsylvania	<p>ChildLine &amp; Abuse Registry                      Department of Human Services                      P.O. Box 8170</p>	<p>Form: The Pennsylvania Child Abuse History Clearance (CY113) form can be found at  <a href="http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/in">http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/in</a></p>

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page  
[http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

<p>Harrisburg, PA 17105-8170</p> <p>Phone: (717) 783-4571 Toll-Free: (877) 371-5422</p> <p>Contact: Out of State Clearance Unit E-mail: <a href="mailto:RA-PWCHILDLINEOOS@pa.gov">RA-PWCHILDLINEOOS@pa.gov</a></p>	<p><a href="#">dex.htm</a>. An online request can also be submitted at <a href="https://www.compass.state.pa.us/CWIS">https://www.compass.state.pa.us/CWIS</a>.</p> <p>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.</p> <p>Fee: \$8 payable to the Department of Human Services for the PA Child Abuse Clearance. Additional fees may apply as required by other states.</p> <p>Method of Transmission:</p> <ul style="list-style-type: none"> <li>• For a PA Child Abuse Clearance by walk-in, mail or online only.</li> <li>• For Out of State requests walk-in and mail only. Questions can be directed to the <a href="mailto:RA-PWCHILDLINEOOS@pa.gov">RA-PWCHILDLINEOOS@pa.gov</a> e-mail account.</li> </ul> <p>More information about Pennsylvania Child Abuse Clearances can be found on <a href="http://www.keepkidssafe.pa.gov">www.keepkidssafe.pa.gov</a>.</p>
--	--

Updates for information listed here should be directed to:

[Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

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

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://cclid.ca.gov/AdamWalshI\\_2609.htm](http://cclid.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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: <a href="mailto:nicole.lebeau@state.sd.us">nicole.lebeau@state.sd.us</a>	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, 7 <sup>th</sup> 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. <b>NOTE:</b> 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: <a href="mailto:EI_DCS_CPS_CentralRegistryCheck@tn.gov">EI_DCS_CPS_CentralRegistryCheck@tn.gov</a> (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 <a href="#">Website</a> 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](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

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, <b>use revised form dated September 2016.</b> Form Required? Yes  Signed release required? Yes, witnessed AND notarized  <b>Please Notice:</b> DFPS Centralized Background Check Unit (CBCU) now accepts Central Registry requests electronically. Requestors can scan/e-mail the 2970 form directly to: <a href="mailto:TXAbuseNeglectBGC@dfps.state.tx.us">TXAbuseNeglectBGC@dfps.state.tx.us</a> 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: <a href="http://www.dfps.state.tx.us/site_map/forms.asp">http://www.dfps.state.tx.us/site_map/forms.asp</a> <b>IF this request is for a CPS investigation:</b> 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 <a href="#">Website</a>
Utah	Division of Child & Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116	Form: <a href="http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf">http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf</a> <b>NEW FORM REVISED JANUARY 2016</b>  Form Required? Yes ID Needed: Client driver's license or passport

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

	Phone: (801) 538-4466 Fax: (801) 538-3993  Contact: Nora Wilson E-mail: <a href="mailto:dcfscentralregistry@utah.gov">dcfscentralregistry@utah.gov</a>	Signed release required? Yes Methods of transmission: Mail , fax or e-mail, also include a copy of the person's picture identification Fee: No <a href="#">Website</a>
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: <a href="mailto:Dianne.jabar@state.vt.us">Dianne.jabar@state.vt.us</a>	Form: Request for Information from the Vermont Child Protection Registry <a href="http://dcf.vermont.gov/sites/DCF/files/pdf/Registry_Self_Check.pdf">http://dcf.vermont.gov/sites/DCF/files/pdf/Registry_Self_Check.pdf</a>  Form Required? Yes  Signed release required? Yes  Methods of transmission: U.S. Mail, include SASE Fee: No <a href="http://dcf.vermont.gov/child_protection_registry">http://dcf.vermont.gov/child_protection_registry</a>
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: <a href="mailto:betty.whittaker@dss.virginia.gov">betty.whittaker@dss.virginia.gov</a>	Form: 032-02-0151-12 Central Registry Release of Information Form Go to: <a href="http://www.dss.virginia.gov">www.dss.virginia.gov</a> 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) <a href="#">Website:</a>

Updates for information listed here should be directed to: [Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

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: <a href="mailto:carla.benjamin@gmail.com">carla.benjamin@gmail.com</a> Janet Turnbull-Krigger, Administrator E-mail: <a href="mailto:turnbullkrigger@yahoo.com">turnbullkrigger@yahoo.com</a>	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: <a href="https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states">https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states</a>  Form Required? Yes and TYPED

This document changes frequently, always refer to the latest version on the CDSS Adam Walsh Page [http://ccld.ca.gov/AdamWalshI\\_2609.htm](http://ccld.ca.gov/AdamWalshI_2609.htm)

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

	Phone: (800) 562-5624 Fax: (206) 341-7930  Contact: Lucy McCornell  E-mail: <a href="mailto:CANhistorychecks@dshs.wa.gov">CANhistorychecks@dshs.wa.gov</a>	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: <a href="mailto:fc697@wdhhr.org">fc697@wdhhr.org</a>	Form: BCF-PSRC Authorization and Release for Protective Services Record Check Go to: <a href="#">WV Form</a> 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 <a href="#">Website:</a>
Wisconsin	Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703  E-Mail Address: <a href="mailto:CWBckgrdRequests@wisconsin.gov">CWBckgrdRequests@wisconsin.gov</a>  Fax: (608) 226-5521	Form: <a href="http://dcf.wisconsin.gov/forms/doc/5065.doc">http://dcf.wisconsin.gov/forms/doc/5065.doc</a> 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 <a href="#">Website</a>

Updates for information listed here should be directed to: [Lynnette.White-Bowen@DSS.CA.GOV](mailto:Lynnette.White-Bowen@DSS.CA.GOV)

**NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."**  
**NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."**

**The subject of the inquiry is NOT the "Requestor."**

State	Contact Information	Procedures / Forms
Wyoming	Department of Family Services 2300 Capitol Avenue, 3 <sup>RD</sup> 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: <a href="mailto:stephanie.knowles@wyo.gov">stephanie.knowles@wyo.gov</a>  <a href="mailto:heidi.teasley@wyo.gov">heidi.teasley@wyo.gov</a>	Form: SS-26EX Application for Child Abuse/Neglect and Adult Central Registry Screens and Wyoming Criminal History Record Prescreens <a href="https://docs.google.com/a/wyo.gov/viewer?a=v&amp;pid=sites&amp;srcid=d3lvLmdvdnxxZnN3ZWJ8Z3g6Y2ZkOGQ0YWM1OTBkNWFj">https://docs.google.com/a/wyo.gov/viewer?a=v&amp;pid=sites&amp;srcid=d3lvLmdvdnxxZnN3ZWJ8Z3g6Y2ZkOGQ0YWM1OTBkNWFj</a>  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) <a href="#">Website</a>

Updates for information listed here should be directed to: [Lynnette.White-Bowen@DSS.CA.GOV](mailto: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/AdamWalsh1\\_2609.htm](http://ccld.ca.gov/AdamWalsh1_2609.htm)

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES  
Updated March 27, 2017

**PUERTO RICO FORM BELOW**

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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 BÚSQUEDA 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:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adopción          | <input type="checkbox"/> Adopción Privada          | <input type="checkbox"/> Comunidad                |
| <input type="checkbox"/> Cuidado Sustituto | <input type="checkbox"/> Patrono                   | <input type="checkbox"/> Otros: Especifique _____ |
| <input type="checkbox"/> Licenciamiento    | <input type="checkbox"/> Servicios Interagenciales |   |

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

**Datos de Identificación:**

Nombre:	Inicial	Apellidos	Género: <input type="checkbox"/> F <input type="checkbox"/> M
Fecha de Nacimiento: (Día/Mes/Año)	Edad		
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:		



# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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

Ocupación del Solicitante: \_\_\_\_\_ Lugar Actual de Trabajo: \_\_\_\_\_  
Lugar Anterior de Trabajo: \_\_\_\_\_

¿Ha trabajado en alguna institución de servicios a menores?     Sí     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)							

# ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated March 27, 2017

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

## Certificación y Consentimiento:<sup>1</sup>

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/1q  
11/2010

<sup>1</sup>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.

3