



# Arkansas Department of Human Services

## Division of Children and Family Services

### REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK

**THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.**

TYPE OF APPLICANT:

DHS Employee/Applicant [Division: \_\_\_\_\_]  Foster Parent  Legal Custodian  Adoptive Parent  Provisional Foster Parent

Foster Family Support System (FFSS) for: \_\_\_\_\_  
*Name of Foster Family whom FFSS will support*

Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

\_\_\_\_\_  
 Name/Title (print) \_\_\_\_\_  
 Organization Requesting the Report

\_\_\_\_\_  
 Address (physical) \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax #

\_\_\_\_\_  
 Address (provide mailing, if different than physical)

**Name of Applicant:** \_\_\_\_\_

**Maiden Name/Other Names Used:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_ / \_\_\_\_\_ **SSN:** \_\_\_\_\_

Present Address: (since \_\_\_\_\_, \_\_\_\_\_) \_\_\_\_\_

Previous Addresses (from the last six years):

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Cities and States of Employment (outside of Arkansas) for last six years:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

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**THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY**

I, \_\_\_\_\_ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

County of \_\_\_\_\_ State of Arkansas

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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**THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY**

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date \_\_\_\_\_

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date \_\_\_\_\_

**Child Maltreatment Central Registry**  
Slot S 566  
P O Box 1437  
Little Rock AR 72203