

WASHINGTON STATE CHILD ABUSE AND NEGLECT FINDINGS REQUEST

These requests are for child placement purposes only and must be made by an agency or individual who is required to check child abuse and neglect registries in connection with the foster or adoptive placement of a child. All other requests for Children's Administration records may be made through the local Division of Children and Family Services Office.

A. REQUESTOR INFORMATION			
NAME LAST		FIRST	TITLE
AGENCY OR BUSINESS NAME			
MAILING ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)		E-MAIL ADDRESS
B. SIGNATURE OF REQUESTOR:			
REQUESTED BY (SIGNATURE)			DATE SIGNED
C. SUBJECT OF RECORDS REQUESTED			
NAME LAST	FIRST	MIDDLE	DATES OF RESIDENCY IN WASHINGTON
DATE OF BIRTH	FORMER NAME/S		SOCIAL SECURITY NUMBER
MOST RECENT WASHINGTON RESIDENCE STREET ADDRESS		MOST RECENT CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
D. AUTHORIZATION:			
(SIGNATURE)			DATE SIGNED
<u>BY SIGNING THE ABOVE I AUTHORIZE THE STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES TO RELEASE INFORMATION RELATED TO FOUNDED ALLEGATIONS OF CHILD ABUSE AND NEGLECT TO THE REQUESTING INDIVIDUAL OR AGENCY IDENTIFIED ABOVE.</u>			
<p>Completed Request Forms can be sent by secure e-mail, fax, or mail to:</p> <p style="text-align: center;">The Children's Administration NCIC Access Unit</p> <p>E-mail: childabuserregistry@dshs.wa.gov Fax: 206-341-7930 Mail: PO Box 4369 Seattle, WA 98194</p>			

INSTRUCTIONS FOR COMPLETION OF REQUEST FORM

Purpose: You should use this form if you are (1) a state child welfare agency, (2) a private agency with the authority to place children, or (3) an individual approved by the court, under RCW 26.33, to complete an adoption pre-placement or post-placement report, to obtain information from DSHS about the history of founded allegations of Child Abuse and Neglect for placement purposes. The information provided through this service, and with this form is limited to the existence of founded allegations of child abuse and neglect and open CPS cases where the potential foster or adoptive placement is the subject of the allegation. "Inconclusive" or "unfounded" findings or other information contained in the individual's record will not be provided through this process. If you are looking for information for purposes other than placement or an adoptive pre- or post-placement report, you will need to request the records through the local DCFS office.

Use: You may fill this form out electronically or by hand. The signatures must be handwritten. Use the tab key to move between fields. "Requestor" refers to the person or agency who is requesting the records. The "Authorization" signature is the signature of the person whose records will be reviewed for child abuse and neglect history. A separate form must be completed for each person whose records are requested.

Parts of Form:

REQUESTOR INFORMATION

- Name: provide the full name of the person asking for the information. This should be an employee of a private or state child welfare agency or a person who is authorized to complete an adoption pre-placement or post-placement report under RCW 26.33.
- Title: provide the title of the employee of the private or state child welfare agency asking for the information. If an individual approved to complete adoption pre-placement and post-placement reports, state "adoption home study investigator."
- Agency or Business: provide the name of the agency or business asking for the information.
- Mailing Address: provide the mailing address of the agency or business asking for the information.
- Telephone number: provide the telephone number for the agency or business asking for the information, include the area code.
- Fax number: provide the fax number for the agency or business asking for the information, include the area code.
- E-mail: provide the agency e-mail address for the person asking for the information.

SIGNATURE OF REQUESTOR

- Signature: the person asking for the information should sign the document.
- Date: the person asking for the information should write the date that the document was signed.

SUBJECT OF RECORDS REQUESTED

- Name: provide the full name of the person whose records are to be checked.
- Social Security number: provide the social security number of the person whose records are to be checked—this will help Children's Administration provide more accurate information.
- Date of Birth: provide the date of birth of the person whose records are to be checked.
- Former Names: provide any other names used by the person whose records are to be checked—this will help Children's Administration provide more accurate information.
- Dates of Residency: If the person no longer lives in Washington, please state the dates s/he lived in Washington State. If the person is still a resident, write "current resident."
- Most Recent Washington Residence Street Address: If the person lives in Washington State, write the current street address, if the person no longer lives in Washington State, write the street address they last lived in in Washington.
- Previous Address: provide previous Washington State addresses for the person—this will help Children's Administration provide more accurate information.

AUTHORIZATION

- Signature: the person being checked should sign the document.
- Date: the person being checked should write the date that the document was signed.
- If you are signing for another person, indicate why you can do so and attach a copy of the court order or other documentation giving you legal authority.