## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Child Protective Services Central Registry, 050C-3 P.O. Box 44240 • Phoenix, AZ 85064-4240

## ADOPTIVE FAMILIES CENTRAL REGISTRY RECORDS CLEARANCE

check file Child Protective Services Central Registry for any history of prior reports. Mail to address above. ADDRESS NAME (Last, Frat, Mode) BIRTHDATE SOC. SEC. NO. OTHER NAMES USED ADDRESS (No. Street, Cay, State, ZIP) ADDRTWE PATHERS NAME (Last, Frat, Mode) BIRTHDATE SOC. SEC. NO. OTHER NAMES USED (Include maken name and prior marked names) ADDRTWE NOTHERS ADDRESS (No. Street, Cay, State, ZIP) OTHER NAMES USED (Include maken name and prior marked names) ADDRTWE MOTHERS ADDRESS (No. Street, Cay, State, ZIP) OTHER ADULT HOUSEHOLD MEMBERS NAME (Last, Frat, Mode) DITHER NAMES USED (Include maken name and prior marked names) OTHER ADULT HOUSEHOLD MEMBERS NAME (Last, Frat, Mode) DITHER NAMES USED (Include maken name and prior marked names) OTHER ADULT HOUSEHOLD MEMBERS NAME (Last, Frat, Mode) DITHER ADULT HOUSEHOLD MEMBERS NAME (Last, Frat, Mode) DITHER ADULT HOUSEHOLD MEMBERS NAME (Last, Frat, Mode) DITHER NAMES USED (Include maken name and prior marked names) OTHER ADULT HOUSEHOLD MEMBERS ADDITIONAL ADDRESS (No. Street, City, State, ZIP) DITHER NAMES USED (Include maken name and prior marked names) OTHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAMES USED (Include maken name and prior marked names) DITHER NAME (Last, Frat, Mode) DITHER NAME (Last, F	Child Protective Services (CPS) records are confidential (A.R.S. § 8-807) and federal law. This form is to be complete	d for all household members.	The requested information will be used t	
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SIGNATURE OF PERSON CHECKING CENTRAL REGISTRY DATE		There were no substantiated reportsreport(s) attached		
		SIGNATURE OF PERSON CHECK	ING CENTRAL REGISTRY DATE	

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 542-3598; TTY/TTD Services: 7-1-1.