

**STATE OF LOUISIANA
 DEPARTMENT OF SOCIAL SERVICES
 STATE CENTRAL REGISTRY DISCLOSURE FORM**

This form must be completed by each individual owner, operator, current or prospective employee or volunteer of a child care facility licensed by the Louisiana Department of Social Services for themselves. Any owner, operator, current or prospective employee, or volunteer of a child care facility licensed by the department who knowingly falsifies the information on the State Central Registry Disclosure Form shall be guilty of a misdemeanor offense and shall be fined not more than five hundred dollars, or imprisoned for not more than six months, or both. R.S. 46:1414.1.C

This form shall be maintained by the owner/operator of the licensed facility in accordance with current licensing standards as mandated by R.S. 46:1414.1.B.

Name of Licensed Facility (Print or Type)	License Number and Physical Address (print or Type)	Date Signed Form Received
---	---	---------------------------

Name of Individual or Applicant (Print or Type)		() - Home Ph. #	() - Cell Ph. #
Street Address	Date of Birth	Social Security Number	City and State Zip Code
My name <input type="checkbox"/> is <input type="checkbox"/> is not (check one) currently recorded as a perpetrator on the State Central Registry for what the Department of Social Services has determined to be a justified (valid) finding of child abuse or neglect.			
If it is determined that I do pose a risk to children, I am prohibited from requesting another risk evaluation assessment for 24 months from the date of this notice.			

The information given is true and complete to the best of my knowledge.

Signature	Date
Signature of Licensed Facility Representative	Date

DSS Office Use Only	Name of Regional Administrator or designee:	Date Reviewed:
	Date State Central Registry Check Completed:	Date of notification of results to Child Residential Licensing or Child Care Licensing: