

Check **ONE** box that corresponds with the facility type or Reason for this request.

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility
- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Maternity Home
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: _____

(Please read instruction on back of this form before completing)

SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since birth. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

FULL Legal Name: _____ **Date of Birth:** ____/____/____

Maiden Name: _____ **Other Names Used:** _____

Social Security #: _____ - _____ - _____ **Sex:** _____ **Race:** _____ **Resource #:** _____

List All Prior City, State and Years lived there (1989-2010):

City	State	Date (2001-2005)

Use additional blank sheet of paper if necessary

City	State	Date (2001-2005)

List Full Name (First, Middle, Last Name at birth) and Date of Birth of ALL of your children:

(Do not list other people's children for whom you might provide daycare)

First	Middle	Last	DOB(MM/DD/YY)

First	Middle	Last	DOB(MM/DD/YY)

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

Signed: _____ Date: _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number

- N/A – DSS field office/Head Start
- N/A – License not yet issued