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| --- |
| This form must be completed electronically and signed.  Complete one form for each individual for whom a child abuse/neglect finding request is being processed.  Email completed request forms to: [adam-walsh.oregon@state.or.us](mailto:adam-walsh.oregon@state.or.us) |

This information is being requested for the following reason (please check only one):

|  |  |
| --- | --- |
|  | Foster or adoptive parent, or foster household member over 18 under Adam Walsh Child Protection and Safety Act of 2006 |
|  | Child Care provider or Child Care household member under Child Care & Development Block Grant (CCDBG) Act of 2014 |
|  | Oregon Juvenile Justice Agency employee or contractor under Prison Rape Elimination Act (PREA) of 2003 |
|  | Oregon Court Appointed Special Advocate (CASA) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Position Title** |  | | |
| **Requesting Agency Name** | Oregon Youth Authority | | |
| **Type of Agency (please check one)** |  | State/Local Child Welfare Agency | |
|  | Child Care Licensing Agency | |
|  | Child Care Employer | |
|  | Oregon Juvenile Justice Agency | |
|  | Oregon Court Appointed Special Advocates (CASA) | |
|  | Other |  |

Results are returned utilizing a secure email server. Indicate the email address of who should receive results.

|  |  |
| --- | --- |
| **Email Address** | Send results to **BOTH** [ritu.guzman@oya.oregon.gov](mailto:ritu.guzman@oya.oregon.gov) **AND** [lyndsy.bell@oya.oregon.gov](mailto:lyndsy.bell@oya.oregon.gov) |

I understand this information is **confidential** and **sensitive**, and may be used only for the purpose for which it was obtained. Per ORS 419B.035(9), anyone inappropriately using or disseminating this information violates ORS 419B.035 subsection (6)(a) and (7) and commits a Class A violation.

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| Printed Name of Requesting Facility/Agency Representative |  |  |
|  |  |  |
| Signature |  | Date |

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| If you have questions, or feel the conclusion is inaccurate, please contact the requesting agency, or contact the Background Check Unit (BCU) at [adam-walsh.oregon@state.or.us](mailto:adam-walsh.oregon@state.or.us) or 503-378-5470 or 888-272-5545. |

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| APPLICANT INFORMATION  For completion by applicant for whom child protective service check will be completed. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Legal Name** |  | | | |
|  | *(First, Middle, Last)* | | | |
| **Other Names Used** |  | | | |
|  | *(First, Middle, Last)* | | | |
| Male  Female  Non-Binary/Other | |  |  |  |
| Date of Birth |  | Social Security Number (voluntary) |

Please list all Oregon counties in which you have resided, beginning with the most recent or current to the oldest. Provide the month and year that residency began and ended in each county listed

*For special or unusual situations, please explain. Attach additional documents in email if necessary.*

|  |  |  |
| --- | --- | --- |
| **County** | **Began** | **Ended** |
| *Example – XXX County* | *2/2010* | *Current* |
|  |  |  |
|  |  |  |
|  |  |  |

I,      , do hereby authorize the Oregon Department of Human Services to research its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand this information will be released to the requesting agency or employer.

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| Applicant Signature or Applicant’s Legal Representative |  | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RESULTS – DHS USE ONLY  Please stop at this point. The remainder of the form is for DHS use only regarding results. | | | | | | |
|  | The above-named individual is not listed as a perpetrator of abuse in the Oregon Child Abuse/Neglect central registry. | | | | |
|  | The above-named individual has been determined to be responsible (Founded) for the abuse/neglect of a child in Oregon or is currently the subject of a child abuse/neglect assessment. | | | | |
| **Office of Reported History** | | |  | | | | |
| **Case Number** | |  | | **Year** |  | | |