ALABAMA DEPARTMENT OF HUMAN RESOURCES CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

<u>PRINT OR TYPE</u> in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form. ** <u>See instructions</u> for the address to use when submitting this form. **

Requesting Person or Agency/Organization Tennessee Department of Human Services	Check All That Apply
Mailing Address	Child Placing Agency
Child & Adult Care Licensing, James Polk Building, 15th Fl.	Residential Child Care Facility
505 Deaderick Street, Nashville, TN 37243-1403	Child Day / Night Care Center
Telephone Number (615 253-4170 Email: ccbackground.dhs@tn.gov	Family Day / Night Care Home
PRINT Requestor's Name Basem Girgis	Exempt Child Day Care Center
Requestor Date Signature	Medicaid Rehab. Provider DHR Vendor
Witness Date	Other (Please Specify)
Signature	TN Child Care Agency

The person whose name and identifying information, printed or typed below, will provide **<u>unsupervised care and</u> <u>supervision of children</u>** as an <u></u>employee volunteer in other. This person's specific job/role is or will be:

Name Last	First	Middle	Sex	☐ Male ☐ Female	Race	DOB//
Current Mailing		Middle				
Alias, Maiden &	Prior Married Na	me(s)				
Name & DOB of	f Spouse & Forme	r Spouse(s)				
Name & DOB of	f Children / Stepch	nildren		-		
Alabama countie	es where person ha	s lived and/or work		-		
	Attach addi	itional pages as need	ed to provi	de all informa	tion requested al	bove.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature	Date	Signature of Witness	Date	
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To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases <u>only</u> that information which is necessary to discover or prevent child abuse / neglect.

Substantiated report (i.e., indicated) located. See attached information.

Type Report: Definition Physical Abuse Definition Neglect Definition Sexual Abuse Mental Abuse / Neglect Definition Physical Abuse / Neglect Definition Physical Abuse / Neglect Definition Physical Abuse Physical Abus	Type Report:	t: 🛄 Physical Abuse	Neglect Sexual Abuse	Mental Abuse / Neglec
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No report located.
Request Denied

Other _____

Office of Child Protective Services

Date Completed