

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

**PRINT OR TYPE** in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.

**\*\* See instructions for the address to use when submitting this form. \*\***

|                                                                          |                                        |                                                                                    |
|--------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------|
| Requesting Person or Agency/Organization                                 | Tennessee Department of Human Services | <b>Check All That Apply</b>                                                        |
| Mailing Address                                                          |                                        | <input type="checkbox"/> Child Placing Agency                                      |
| OIG Background Unit, Attn: Basem Girgis, Andrew Johnson Tower, 8th Floor |                                        | <input type="checkbox"/> Residential Child Care Facility                           |
| 710 James Robertson Pkwy Nashville, TN 37243                             |                                        | <input type="checkbox"/> Child Day / Night Care Center                             |
| Telephone Number ( 615 ) 253-4170 Email: ccbackground.dhs@tn.gov         |                                        | <input type="checkbox"/> Family Day / Night Care Home                              |
| <b>PRINT</b> Requestor's Name Basem Girgis 4                             |                                        | <input type="checkbox"/> Exempt Child Day Care Center                              |
| Requestor Signature _____ Date _____                                     |                                        | <input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor                       |
| Witness Signature _____ Date _____                                       |                                        | <input checked="" type="checkbox"/> Other (Please Specify)<br>TN Child Care Agency |

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

\_\_\_\_\_

Name \_\_\_\_\_ Sex ☐ Male ☐ Female Race \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Current Mailing Address \_\_\_\_\_

Alias, Maiden & Prior Married Name(s) \_\_\_\_\_

Name & DOB of Spouse & Former Spouse(s) \_\_\_\_\_

Name & DOB of Children / Stepchildren \_\_\_\_\_

Alabama counties where person has lived and/or worked \_\_\_\_\_

**Attach additional pages as needed to provide all information requested above.**

**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 \_\_\_\_\_

**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 only that information which is necessary to discover or prevent child abuse / neglect.

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

Type Report: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse / Neglect

☐ No report located.

☐ Request Denied \_\_\_\_\_

☐ Other \_\_\_\_\_

Office of Child Protective Services \_\_\_\_\_

Date Completed \_\_\_\_\_