

DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM

Applicant/Employee: You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety's (DCS) Child Abuse and Neglect Records (CPS/CR) required by Arizona State law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment. All information on the form must be typed or printed. Any form missing information or containing information which is not legible will be returned to the requesting agency.

Employers: Return the completed form via secured email to DESCANRegistryChecks@azdcs.gov within five (5) business days of hire.

For the email subject line, please type your DES Division, the last name, and the first name of the person the search is conducted for.

Example: DDD Jones, Jane. One email per form. This form must be retained as confidential in the employee's file, and it is subject to audit.

Check Applicable DES Division DDD DAAS DCAD CCA DERS

NAME OF REQUESTING AGENCY TN Department of Human Services - OIG Background Unit
REQUESTING AGENCY EMAIL ADDRESS (For return of results) CCBackground.DHS@tn.gov

AGENCY MAILING ADDRESS (No., Street, City, State, ZIP Code) James K. Polk Building, 15th Floor, 505 Deaderick St. Nashville, TN 37243

APPLICANT/EMPLOYEE'S NAME (Last, First, M.I.) SOC. SEC. NO. (000-00-0000) DATE OF BIRTH (mm/dd/yyyy)

OTHER NAMES USED (Including nicknames and maiden names)

APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)

Table with columns: New Hire, Rehire, Volunteer, Renewal, APPLICANT/EMPLOYEE EMAIL, POSITION, CONTRACT/EXTENTION NUMBER, DATE EMPLOYED, EDUCATION, EXPERIENCE

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction? Yes No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? Yes No

- If Yes: • What was the allegation(s)?
• When was the investigation(s) conducted?
• Where was the investigation(s) conducted?

If you wish to provide additional information please use reverse side.

STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE* DATE

*Pen or Digital signatures are accepted

FOR DCS USE ONLY

Table for CPS/CR Substantiated Reports with columns: Date Received, Date Checked, No, Yes, Disqualifying, Non-Disqualifying, Report No., Code

NAME/SIGNATURE OF PERSON COMPLETING SEARCH

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.