

GEORGIA CHILD ABUSE SCREENING REQUEST FORM

- All information is required to be typed except for the signature. Handwritten applications will not be processed.
- If the purpose of the request is for an active or on-going investigation, the agency staff can sign, type, or submit an PDF signature. All other requests will require the original signature of the applicant(s).
- To type on the form, you will need to select the T (text) located on the top middle section of the form next to the A.
- If you are submitting requests for more than one person, each person will be required to have their own application and be listed in the household member section on each application regardless of the purpose of the request.
- You will need to submit your official agency letterhead, will need to list the purpose of the request, and the name(s) of the individual(s) who will require a screening to be completed.
- CPA Providers can only submit for Adoption, or new household member of an already approved foster or adoptive home
- Request are required to be submitted on one email per family, request submitted separate will not be processed.
- You will submit the agency letterhead and application(s) in one email per family to GeorgiaAdamWalshCheck@dhs.ga.gov

AGENCY REQUESTING SCREENING INFORMATION

NAME Basem Gigis	TELEPHONE# 615-253-4170	EMAIL ADDRESS CCBackground.DHS@tn.gov
NAME OF AGENCY TN Dept. of Human Services	STREET ADDRESS James K. Polk Bldg, 15th FL 505 Deaderick St.	CITY/STATE/ZIP CODE Nashville, TN 37243

INFORMATION ON PERSON TO BE SCREENED (APPLICANT)

FIRST NAME	MIDDLE NAME	LAST NAME
MAIDEN NAME	OTHER NAMES USED IN THE PAST	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER
CURRENT ADDRESS	CITY/STATE/ZIP CODE	DATE
PREVIOUS GEORGIA ADDRESS	CITY/STATE/ZIP CODE	DATE

CURRENT ADULT HOUSEHOLD MEMBERS TO BE SCREENED ONLY (DO NOT LIST MINOR CHILDREN)

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

SIGNATURE OF APPLICANT OR AGENCY STAFF

DATE

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