AUTHORIZATION FOR REQUEST FOR INFORMATION ON HISTORY OF CHILD ABUSE & NEGLECT IN NYS

FOR USE BY PROSPECTIVE CHILD CARE PROVIDERS CURRENTLY LIVING OUTSIDE NEW YORK STATE.

I,_____ , hereby authorize the release to the following Agency or his/her

designee TN Department of Human Services - OIG Background Unit, Attn: Basem Girgis
(Agency)

of Andrew Johnson Tower, 8th Floor, 710 James Robertson Pkwy., Nashville, TN 37203
(Mailing Address for Agency)

by the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) of ***all information*** contained within the SCR regarding ***indicated***[1] reports in which I am a subject of the report, to the extent permitted by section 422(4)(A) of the Social Services Law, in relation to my request to be approved as a prospective child care provider.

Following is information about me, my children and other persons residing in my current household, as well as at my previous addresses. This information is necessary to enable the SCR to conduct a thorough search of its records. I understand that the listing of these persons will not result in the release of information regarding any reports involving them in which I was not a subject of the report.

Please note that each individual who is subject to this background/history search must fill out a separate form. Use additional pages as necessary.

I. Prospective Child Care Provider

LAST NAME	FIRST NAME	MI	SEX M /F	DOB (mm/dd/yyy)
MAIDEN NAME/ALIAS				
CURRENT STREET ADDRESS:	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS SINCE 1973	CITY	STATE	ZIP	FROM TO

[1] An indicated report is a report of child abuse and maltreatment supported by at least some credible evidence at the conclusion of an investigation.

AUTHORIZATION FOR REQUEST FOR INFORMATION ON HISTORY OF CHILD ABUSE & NEGLECT IN NYS

FOR USE BY PROSPECTIVE CHILD CARE PROVIDERS CURRENTLY LIVING OUTSIDE NEW YORK STATE.

II. Spouse, Children and Other Household Members of the Applicant

LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB (mm/dd/yyyy)
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	MI	SEX M F	DOB

____
SIGNATURE OF APPLICANT

On this _______day of ___________, 200 , before me personally came _____________________ to me known and known as the same person described in and who executed the within statement, and he/she duly acknowledged to me that he/she executed the same.

____
Notary Public