

GOVERNMENT OF PUERTO RICO  
 DEPARTMENT OF FAMILIES  
 FAMILIES AND CHILDREN'S ADMINISTRATION  
 STATE CHILD PROTECTION CENTER  
 CENTRAL PROTECTION CASES REGISTER

**APPLICATION TO SEARCH FOR HISTORIES OF ABUSE, INSTITUTIONAL ABUSE, NEGLIGENCE, AND  
 INSTITUTIONAL NEGLIGENCE**

**Part I: To be completed by the Applicant Agency or Person**

\_\_\_\_\_ TN Department of Human Services \_\_\_\_\_  
 Name of the Applicant Agency or Person Nickname

\_\_\_\_\_ 505 Deaderick St. -15th Floor- Nashville- TN 37243- USA \_\_\_\_\_  
 Postal Address

---

Residential Address

\_\_\_\_\_ 615-253-4170 \_\_\_\_\_ 615-532-9956 \_\_\_\_\_ Basem.Girgis@TN.gov \_\_\_\_\_  
 Telephone Number Fax Number E-mail

**Reason for the Search:**

- Adoption                       Private Adoption                       Community  
 Foster Care                      **XXX** Employer                       Others: Specify: \_\_\_\_\_  
 Licencing                       Interagency Services

**Part II: Complete the Information on the Person Whose History You Are Searching For:**

**Personal Information:**

\_\_\_\_\_ Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Names \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth (Day/Month/Year) \_\_\_\_\_ Age \_\_\_\_\_ Gender:  F  M

Social Security Number: XXX-XX-\_\_\_\_\_ Marital Status: \_\_\_\_\_

**Addresses the Last Five (5) Years:**

<b>Addresses</b> (Starting with the most recent. Identify the Neighborhood, Sector, Housing Dev., Num. Street, Apartment Number)	<b>From</b> Day-Month- Year	<b>To</b> Day-Month- Year
Address 1:		
Address 2:		
Address 3:		
Address 4:		
Address 5:		

--	--	--

Applicant's Occupation: \_\_\_\_\_ Current Place of Work: \_\_\_\_\_  
 Previous Place of Work: \_\_\_\_\_

Have you worked in any child service institution?  Yes  No Specify

<input type="checkbox"/> Care Center	<input type="checkbox"/> Group Home	<input type="checkbox"/> Treatment Center for Minors
<input type="checkbox"/> Shelter	<input type="checkbox"/> Camp	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Public or Private School	<input type="checkbox"/> Youth Institution	<input type="checkbox"/> Rehab Residential Centers (Addiction, Alcoholism, Mental Health and Health)

**Identification of Current Members of Your Family:** (Include names of: your own children, step-children, foster children even if they are adults and currently do not live with you)

Last Names, Name (Adults)	Date of Birth			Age	Sex		Relationship to Applicant
	Day	Month	Year		M	F	
Last Names, Name (Minors under 18 Years Old)							

**Identification of Your Previous Family Members** (if applicable): (Include the names of: previous spouses, your own children, step-children, foster children, even if they currently do not live with you)

Last Names, Name (Adults)	Date of Birth			Age	Sex		Relationship to Applicant
	Day	Month	Year		M	F	
Last Names, Name (Minors under 18 Years Old)							

**Certification and Consent:<sup>1</sup>**

I certify that the information on this form is correct and I authorize the State Center, Central Register for Child Protection Cases, to carry out the corresponding procedures based on my personal information, to certify the results of the search for histories of Abuse, Institutional Abuse, Negligence, and Institutional Negligence.

_____	_____	_____
Name	Signature	Day-Month-Year
_____	_____	_____
Name of Signature's Witness	Signature	Day-Month-Year

I authorize the results of this search to be notified to the Applicant Agency or Person (Part I of this Form).

\_\_\_\_\_

Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address

_____	_____	_____
Name	Signature	Day-Month-Year

LA/CMC/ldj  
11/2010

<sup>1</sup> A witness to the signature or mark will be used when it refers to a person who cannot read or write, is blind, deaf, or for any other [reason] requiring help to complete the application.