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 - OIG Background Unit
Name of the Applicant Agency or Person — Nickname

Andrew Johnson Tower, 8th Floor, 710 James Robertson Pkwy 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

_____ _____ Gender: ❑F ❑M
Date of Birth (Day/Month/Year) — Age

Social Security Number: XXX-XX-_____ Marital Status:_____

Addresses the Last Five (5) Years:

Addresses (Starting with the most recent. Identify the Neighborhood, Sector, Housing Dev., Num. Street, Apartment Number)	**From** Day-Month-Year	**To** 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

❒Care Center
❒Shelter
❒Public or Private School
❒Group Home
❒Camp
❒Youth Institution
❒Treatment Center for Minors
❒Foster Home
❒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:[1]

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).

Attn: Basem Girgis - Program Director
Name

TN Department of Human Services

Andrew Johnson Tower, 8th Fl., 710 James Robertson Pkwy

Nashville, TN 37203
Address

_____	_____	_____
Name	Signature	Day-Month-Year

LA/CMC/ldj
11/2010

[1] 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.