



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

**JAMES K. POLK  
ATTN: Background Unit  
505 DEADERICK STREET, 15<sup>th</sup> Floor  
NASHVILLE, TENNESSEE 37243-1403**

**TELEPHONE: 615-253-4170      FAX: 615-532-9956  
TTY: 1-800-270-1349  
Email: [cbackground.dhs@tn.gov](mailto:cbackground.dhs@tn.gov)**

Applicant Name:

Maiden Name:

Address:

Date of Birth:

Social Security Number:        -        -

Please list all previous Rhode Island addresses:

Please list all Rhode Island Counties the Applicant has resided:

I authorize the Central Registry & Child Abuse DCYF of Rhode Island to conduct a Child Abuse Registry Check based off the information listed above, and return the information gained to the **TN Department of Human Services Child Care Licensing, James K. Polk Building, 15th Floor, 505 Deaderick St., Nashville, TN 37243.**

Signature:

Date:

Applicant Print Name: