CHILD MALTREATMENT BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY
P.O. BOX 1437, SLOT S566
LITTLE ROCK, AR 72203

SEND TRUE REPORT TO: PLACEMENT AND RESIDENTIAL LICENSING UNIT
Attn: Kathy MacKay
2017 E. Race Ave.
Searcy, AR 72143

LICENSING SPECIALIST: _____ **PHONE:**_____

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CHECKED:

LAST NAME_____FIRST NAME_____MIDDLE NAME_____

MAIDEN NAME_____ALIASES_____

DATE OF BIRTH_____SOCIAL SECURITY NO._____

RACE_____SEX: MALE_____FEMALE_____

_____
ADDRESS: (STREET/APARTMENT) (CITY) (STATE) (ZIP)

FULL NAMES OF OWN CHILDREN DOB SOCIAL SECURITY NO.

_____
_____
_____
_____
_____

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to the Child Welfare Licensing Unit of the Arkansas Department of Health and Human Services. Also, I understand that the name of any confidential informants will not be released.

_____ _____
SIGNATURE OF PERSON TO BE CHECKED DATE

_____ _____
CHILD WELFARE AGENCY REQUESTING REPORT AGENCY REPRESENATIVE TO RECEIVE REPORT

_____
STREET ADDRESS CITY STATE ZIP CODE

STATE OF _____COUNTY OF_____

ACKNOWLEDGED BEFORE ME ON THIS_____ _____ _____
DAY OF MONTH YEAR

MY COMMISSION EXPIRES_____--_____--_____ _____
NOTARY PUBLIC

ADDITIONAL ADDRESSES FOR PAST SIX YEARS: START WITH MOST RECENT OTHER THAN PRESENT ADDRESS AND CONTINUE IN THE SAME ORDER

STREET ADDRESS/APT # CITY STATE ZIP CODE

1._____

2._____

3._____

4._____

5._____