



# ARIZONA DEPARTMENT of CHILD SAFETY

## Direct Service Central Registry Clearance Form

This form is only to be utilized by agencies contracted to supply AZDES divisions letter security sited below

**Applicant/Employee:** You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety (DCS) Child Abuse and Neglect Records (CPS/CR) required by Arizona State Law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment. All information on this form must be typed or printed. Any form that is missing information or containing information that is not legible will be returned to the requesting agency.

**Employers:** Return the completed form via secured email to [DESCANRegistryChecks@azdcs.gov](mailto:DESCANRegistryChecks@azdcs.gov) within 5 business days of hire. For the email subject line, please type your DES Division, and the Last Name, First Name of the person the search is conducted for. Example DDD Jones, Jane. One form per email. This form must remain confidential in the employee's file, and it is subject to audit.

### Agency, Please Check Applicable DES Division From Your Agency Supports

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Division of Developmental Disability (DDD) | <input type="checkbox"/> Division of Community Assistance and Development (DCAD) |
| <input type="checkbox"/> Division of Child Care (DCC)                          | <input type="checkbox"/> Division of Arizona Early Intervention Program (AZEIP)  |
| <input type="checkbox"/> Division of Employment Rehabilitation Services (DERS) | <input type="checkbox"/> Office of Procurement (OP)                              |
| <input type="checkbox"/> Division of Adult and Aging Services (DAAS)           |  |

Contract/Solicitation No. (Required)

### Reason for Background Check

- ☒ New Hire    ☐ Rehire    ☐ Volunteer    ☐ Annual

Position

Date Employed

Applicant/Employee Email (Required for Results)

Contract/Solicitation No. (Required)

### Requesting Agency Information

Agency/Vendor Name <u>A BRIGHTER AVENUE</u>		Representative Name <u>JEREMY RENO</u>		Title <u>HIRING DIRECTOR</u>
Mailing Address <u>4121 E. VALLEY AUTO DR #100</u>		Phone No. <u>(480) 659-7492</u>	Fax No. <u>(480) 422-2436</u>	
City <u>MESA</u>	State <u>AZ</u>	ZIP <u>85206</u>	Email (Required for Results) <u>JEREMY@ABRIGHTERAUENUE.ORG</u>	

### Applicant Subject Information

Last Name	First Name	Middle Name/Initial	Date of Birth	Soc. Sec. No.	Maiden Name
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### Previous Names, AKAs or Aliases

1	Last Name	First Name	Middle Name/Initial
2	Last Name	First Name	Middle Name/Initial

### Current Address

Street Address	City	State	ZIP	Applicant/Employee Email Address (Required)
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Have you lived at your current address for five (5) years or longer? ..... ☐ Yes ☐ No

If no, five (5) years of residence history

1	Street Address	City	State	ZIP	Date From	Date To
2	Street Address	City	State	ZIP	Date From	Date To
3	Street Address	City	State	ZIP	Date From	Date To

## Applicant Subject Information ~ continued

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction? ..... ☐ Yes ☐ No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? ..... ☐ Yes ☐ No

If yes:

What was the allegation(s)?

When was the investigation(s)?

Where was the investigation(s)?

If you wish to provide additional information please use space provided or attach additional documentation.

## Statement of Certification By Applicant/Employee

By signing this form, I allow the Department of Child of Safety to report final findings of any DCS child abuse investigation for the Agency listed above. I attest under penalty of perjury, that the information provided is true, correct and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action. **Do not type Signatures!**

Applicant/Employee Signature (Pen or Digital Signatures with digital verification)

Date

## For Arizona DCS Central Registry Use Only

Central Registry Results: ☐ No Record Found

Request Received Date

Name of Staff Completing Search (Please Type)

Name of Staff Completing Search Signature

Date Checked

		Intake No.	Central Registry Exception Approved (Y/N) ONLY applies to Disqualifying Act results)	Central Registry Exception Date
Disqualifying	<input type="checkbox"/>			
Disqualifying	<input type="checkbox"/>			
Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			



**Equal Opportunity Employer/Program.** The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.