



**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 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

- | | |
|---|---|
| Division of Developmental Disability (DDD) | Division of Community Assistance and Development (DCAD) |
| Division of Child Care (DCC) | Division of Arizona Early Intervention Program (AZEIP) |
| Division of Employment Rehabilitation Services (DERS) | Office of Procurement (OP) |
| Division of Adult and Aging Services (DAAS) | _____ |
| | <i>Contract/Solicitation No. (Required)</i> |

Reason for Background Check

New Hire	Rehire	Volunteer	Annual	_____	_____
				<i>Position</i>	<i>Date Employed</i>
_____					_____
<i>Applicant/Employee Email (Required for Results)</i>					<i>Contract/Solicitation No. (Required)</i>

Requesting Agency Information

_____		_____		_____
<i>Agency/Vendor Name</i>		<i>Representative Name</i>		<i>Title</i>
_____		_____		_____
<i>Mailing Address</i>		<i>Phone No.</i>		<i>Fax No.</i>
_____	_____	_____	_____	
<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Email (Required for Results)</i>	

Applicant Subject Information

_____	_____	_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name/Initial</i>	<i>Date of Birth</i>	<i>Soc. Sec. No.</i>	<i>Maiden Name</i>

Previous Names, AKA's or Aliases

1	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name/Initial</i>
2	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name/Initial</i>

Current Address

_____	_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Applicant/Employee Email Address (Required)</i>

Have you lived at your current address for five (5) years or longer? Yes No

If no, five (5) years of residence history

1	_____	_____	_____	_____	_____
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Date From</i> <i>Date To</i>
2	_____	_____	_____	_____	_____
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Date From</i> <i>Date To</i>
3	_____	_____	_____	_____	_____
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Date From</i> <i>Date To</i>

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			
Disqualifying			
Disqualifying			
Non-Disqualifying			
Non-Disqualifying			
Non-Disqualifying			
Non-Disqualifying			
Non-Disqualifying			



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.