Request for Child Abuse/Neglect History Check

One form must be completed for every household member age 18 and older.

APPLICANT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name (if applicable): _____

Previous Name(s) or Other Alias: _____

Date of Birth: _____ / _____ / _____

Social Security Number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Current Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

CHILD ABUSE/NEGLECT HISTORY

As a child, were you a victim of abuse or neglect:

- In Tennessee? ☐ Yes ☐ No

- In another state? ☐ Yes ☐ No

If YES, please explain in detail: _____

_____

_____

CHILD ABUSE/NEGLECT HISTORY - Continued

As an adult, have you been involved in a case of abuse or neglect:

- In Tennessee? ☐ Yes ☐ No

- In another state? ☐ Yes ☐ No

If YES, please explain in detail: _____

_____

_____

PREVIOUS ADDRESSES (Past 10 Years)

Please list complete addresses and the month/year you lived at each. Use additional pages if needed.

Former Address, City, State and Zip Code	From M / Y	To M / Y