

## Adam Walsh State Contacts and Procedures for Child Abuse Registry Checks

We strive to keep this list accurate and up to date. If you do notice any discrepancies, please contact us at [centersupport@usf.edu](mailto:centersupport@usf.edu) so we can make any needed corrections.

<i>STATE</i>	<i>CONTACT INFO</i>	<i>REQUIREMENTS/PROCEDURES</i>
<i>ALABAMA</i>	<p>CAN Central Registry Office of Child Protective Services Department of Human Resources</p> <p>Phone: (334) 353-3477 Fax: (334) 242-0939</p>	<p><b>Form Required:</b> <a href="#">Alabama Department of Human Resources Child Abuse/Neglect (CA/N) Central Registry Clearance</a></p> <p>Original copy required, must be mailed or hand-delivered to office.</p> <p><b>Complete instructions available Online:</b> <a href="http://www.dhr.alabama.gov/services/Child_Protective_Services/CentralRegistryClearance.aspx">http://www.dhr.alabama.gov/services/Child_Protective_Services/CentralRegistryClearance.aspx</a></p>
<i>ALASKA</i>	<p>Department of Health &amp; Social Services 323 East 4<sup>th</sup> Avenue Anchorage, AK 99051</p> <p>Phone: (907) 269-4026 Fax: (907) 269-4026</p>	<p><b>Form Required:</b> <a href="#">Clearance Form</a></p> <p>Email completed form to: <a href="mailto:Hss.ocsanccpchecks@alaska.gov">Hss.ocsanccpchecks@alaska.gov</a></p> <p><b>Complete Instructions Available Online:</b> <a href="http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx">http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</a></p>
<i>ARIZONA</i>	<p>Arizona Department of Child Safety Office of Licensing &amp; Regulation Background Investigation Unit P.O. Box 6030, Site Code C010-20 Phoenix, AZ 85005-6030</p> <p>Phone: (602) 255-2897 Fax: (602) 265-3993</p>	<p><b>Form Required:</b> DCS-1183A: Request for Search of Central Registry for Background Check, available for download here: <a href="https://dcs.az.gov/data/dcs-documents">https://dcs.az.gov/data/dcs-documents</a></p> <p>May be submitted via mail, fax or emailed to <a href="mailto:DCYFCentralRegistryCheck@azdes.gov">DCYFCentralRegistryCheck@azdes.gov</a></p> <p><b>More information available online:</b> <a href="https://dcs.az.gov/">https://dcs.az.gov/</a></p>
<i>ARKANSAS</i>	<p>Arkansas Child Maltreatment Central Registry P.O. Box 1437, Slot S 566 Little Rock, AR 72203</p> <p>Phone: (501) 682-0405 Fax: (501) 682-0407</p>	<p><b>Form Required:</b> Application for Child Maltreatment Central Registry, available for download here (at bottom of page): <a href="http://arkedu.state.ar.us/commemos/static/fy0809/4299.html">http://arkedu.state.ar.us/commemos/static/fy0809/4299.html</a></p> <p><a href="http://humanservices.arkansas.gov/dcfs/DCFSformsLibrary/CFS-316.pdf">http://humanservices.arkansas.gov/dcfs/DCFSformsLibrary/CFS-316.pdf</a></p>

Fax this form and standard cover letter on letterhead.

<p><b>CALIFORNIA</b></p>	<p>California Dept. of Justice Bureau of Criminal Information &amp; Analysis CACI P.O. Box 903387 Sacramento, CA 94203</p> <p>Phone: (916) 227-5052 Fax: (916) 227-6364</p> <p><a href="mailto:Caci-inquiry@doj.ca.gov">Caci-inquiry@doj.ca.gov</a></p>	<p><b>Form Required:</b> <a href="#">BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care &amp; Adoption Agencies</a></p> <p>Original signature required, form can only be submitted by mail.</p> <p>\$15 Processing fee</p> <p><b>More information available online:</b> <a href="http://oag.ca.gov/childabuse/outofstatefosteradoption">http://oag.ca.gov/childabuse/outofstatefosteradoption</a> <a href="http://cclld.ca.gov/adamwalshi_2609.htm">http://cclld.ca.gov/adamwalshi_2609.htm</a></p>
<p><b>COLORADO</b></p>	<p>CDHS Background Investigation Unit 1575 Sherman Street, Ground Floor Denver, CO 80203 Phone: (303) 866-7436 or 866-4614</p>	<p>Form Required: <a href="http://media.wix.com/ugd/34898a_a6d20025ad46472bbc2f8eb086421246.pdf">BIU Individual Inquiry Form</a></p> <p>Original Signature Required, form can only be submitted by mail.</p> <p>\$28 Processing Fee, made payable to CDHS, BIU, Records and Reports</p> <p>More Information available online: <a href="http://www.coloradoofficeofearlychildhood.com/#!biu/c1wjw">http://www.coloradoofficeofearlychildhood.com/#!biu/c1wjw</a></p>
<p><b>CONNECTICUT</b></p>	<p>Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106</p>	<p>Form Required: DCF-3033 Foster Care and Adoption Background Search Release, available on this page: <a href="http://www.ct.gov/dcf/cwp/view.asp?a=2639&amp;Q=329378">http://www.ct.gov/dcf/cwp/view.asp?a=2639&amp;Q=329378</a></p>

**DELAWARE**

DSCYF, OCCL  
Criminal History Unit  
1825 Faulkland Road  
Wilmington, DE 19805  
Phone: 302-892-5800  
Fax: 302-633-5191

Form Required: [Delaware Child Protection Registry Request Form](#)

More information available online:  
<http://kids.delaware.gov/information/adamwalsh.shtml>

**DISTRICT OF COLUMBIA**

Child & Family Services Agency  
Child Protection Register  
200 I Street, SE  
Washington, DC 20003  
Phone: 202-442-6100  
Fax: 202-727-8040  
Email: [cfsa@dc.gov](mailto:cfsa@dc.gov)

Form Required:  
[http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR%20Request\\_new\\_0.pdf](http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR%20Request_new_0.pdf)  
(General CPR Check Application)

Submit letter via Fax, Attn: Supervisor, DC Child Protection Register Unit

Additional Information may be available online:  
<http://cfsa.dc.gov/service/background-checks>

**FLORIDA**

Florida Department of Children and Families  
Office of Child Welfare  
Building 6 Room 339  
1317 Winewood Boulevard  
Tallahassee, FL 32399

Form Required:  
<http://www.dcf.state.fl.us/programs/abuse/docs/CentralAbuseHotlineRecordSearch.pdf>

Submit via Fax, Mail or email

Fax: 850-487-6064  
Email:  
[Adamwalsh.requests@myflfamilies.com](mailto:Adamwalsh.requests@myflfamilies.com)

<p><b>GEORGIA</b></p>	<p>Georgia Dept of Human Services Attn: Child Protective Services Screening 2 Peachtree St. NW, 18 Floor Atlanta Georgia 30303</p> <p><b>For questions send e-mail to:</b> <a href="mailto:CPSISSelfCheck@dhs.ga.gov">CPSISSelfCheck@dhs.ga.gov</a></p>	<p>Georgia's Child Protective Services Information System (Child Abuse Registry)</p> <p><b>Please ensure that the required documents below are available before submitting the screening request.</b></p> <p>1) Request on Letterhead 2) Signed Screening Request Form</p> <p><b>Note: If the request is for a foster/adoptive parent, have the applicant to sign the form.</b></p> <p>Online screening request: <a href="https://gacar.dhs.ga.gov/Screening/Home/AgencyRequest">https://gacar.dhs.ga.gov/Screening/Home/AgencyRequest</a> (State or government agency of this state or any other states.) Downloadable submission form: <a href="https://gacar.dhs.ga.gov/General/Home/Download/1?option=view">https://gacar.dhs.ga.gov/General/Home/Download/1?option=view</a></p>
<p><b>GUAM</b></p>	<p>Bureau of Social Services Administration Department of Public Health &amp; Social Services 194 Hernan Cortez Avenue Hagatna, Guam 69610</p> <p>Phone: 671-475-2653 Fax: 671-477-0500</p>	<p>Form Required: None. Print request for information on letterhead.</p> <p>Signed release required.</p>
<p><b>HAWAII</b></p>	<p>Department of Human Services Child Welfare Services Section 420 Waiakamilo Road, Suite 300A Honolulu, HI 96817</p> <p>Phone: 808-832-0609 Fax: 808-832-0628</p>	<p>Form Required: <a href="#">Consent to Release Information from the Child Protective Services System Central Registry</a></p> <p>Original form must be mailed.</p> <p>Additional Information available online: <a href="http://humanservices.hawaii.gov/ssd/backgroundcheck/">http://humanservices.hawaii.gov/ssd/backgroundcheck/</a></p>
<p><b>IDAHO</b></p>	<p>Idaho Department of Health &amp; Welfare Criminal History Unit 1720 Westgate Drive, Ste. A Boise, ID 83704 Phone: 208-332-7990 Toll Free: 1-800-340-1246 Fax: 208-332-7991</p>	<p>Form Required: <a href="#">Idaho Department of Health and Welfare Authorization and Consent to Release Information</a></p> <p>Request must be submitted on letterhead, sent via US Mail, email w/release or by FAS. Incomplete requests will be returned to sender.</p>

	<p>Email: <a href="mailto:crimhist@dhw.idaho.gov">crimhist@dhw.idaho.gov</a></p>	<p>Fee is \$20 per person</p> <p>Additional Information available online: <a href="https://chu.dhw.idaho.gov/">https://chu.dhw.idaho.gov/</a> (click on "Adam Walsh Checks Information")</p>
<i>ILLINOIS</i>	<p>Department of Family &amp; Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701</p> <p>Phone: 217-557-0758 Fax: 217-782-3991</p>	<p>Form Required: <a href="#">CFS 689 Authorization for Background Check for Programs NOT Licensed by DCFS</a> (note: This form is also available in Spanish at <a href="http://www.illinois.gov/dcfs/aboutus/notices/Pages/default.aspx">http://www.illinois.gov/dcfs/aboutus/notices/Pages/default.aspx</a>)</p> <p>Request may be submitted via mail, fax or email. Please specify on subject line: Out-of-State Child Welfare</p>
<i>INDIANA</i>	<p>Indiana Dept. Of Child Services, COBCU 302 W. Washington St. Room E306, MS08 Indianapolis, IN 46204</p> <p>Fax: 317-234-4633 Email: <a href="mailto:background.checkunit@dcs.in.gov">background.checkunit@dcs.in.gov</a></p> <p>To submit to individual DCF local office, please visit <a href="http://www.in.gov/dcs/">http://www.in.gov/dcs/</a> And search for the correct county under "contact us".</p>	<p>Form Required: <a href="https://forms.in.gov/Download.aspx?id=6543">https://forms.in.gov/Download.aspx?id=6543</a></p> <p>Request may be submitted to any Indiana Department of Child Service, county local office or to the Central Office Background Check Unit for Statewide Search Results. (<b>note:</b> for searches prior to 1998, please see additional instructions <a href="#">here</a>)</p> <p>Requests may be faxed, emailed or mailed.</p> <p>Additional information may be available online: <a href="http://www.in.gov/dcs/2363.htm">http://www.in.gov/dcs/2363.htm</a></p>
<i>IOWA</i>	<p>Central Abuse Registry Iowa DHS P.O. Box 4826 Des Moines, IA 50305 Fax: 515-564-4112 Email: <a href="mailto:DHSAbuseRegistry@dhs.state.ia.us">DHSAbuseRegistry@dhs.state.ia.us</a></p>	<p>Form Required: <a href="#">Request for Child Abuse Information</a></p> <p>Forms may be submitted via Mail, Fax or Email.</p>

**KANSAS**

Attn: DCF/Child Abuse and Neglect Central Registry  
P.O. Box 2637  
Topeka, KS 66612  
  
Fax: 866-317-4279

Form Required: [Registry Release Form](#)  
  
Required fee of \$10  
  
Requests should be submitted via mail or fax  
  
Additional Information available online:  
<http://www.dcf.ks.gov/services/PPS/Pages/Adam-Walsh-Legislation.aspx>

**KENTUCKY**

Department for Community Based Services  
Records Management Section  
275 East Main Street, 3E-G  
Frankfort, KY 40621  
  
Phone: 502-564-3834  
Fax: 502 564-9554

Form Required: None  
  
Requests should be printed on letterhead and submitted via mail or fax.  
  
Additional information may be available online:  
<http://chfs.ky.gov/dCBS/adamwalshforms.htm>

**LOUISIANA**

Louisiana department of Children and Dept. of Children & Family Services – CW  
Attn: CPS Intake  
P.O. Box 3318  
Baton Rouge, LA 70821  
  
Phone: 225-342-6827  
Fax: 225-342-3480  
Email:  
[DCFS.ChildProtectiveServices@LA.Gov](mailto:DCFS.ChildProtectiveServices@LA.Gov)

Form Required: None  
  
Print Request on Letterhead and include:  

- Name, Aliases
- Date of Birth
- Social Security Number
- Purpose of Request

  
Request must be signed by the agency staff authorized to request the SCR Clearance  
  
If the request is for a Foster/Adoption Applicant, the packet must include a release of information signed by the applicant to request the SCR Clearance.  
  
For licensed private agencies requesting an Adam Walsh Act Clearance, a copy of the current agency license to provide foster/adoption services must be on file with DCFS CPS Section or needs to be forwarded with the packet.  
  
Submit Request “Attention: Child Protective Services Intake”, via email (preferred) or fax  
  
Additional Information may be available on line:  
<http://www.dcf.louisiana.gov/>

<p><b>MAINE</b></p>	<p>Office of Child and Family Services  2 Anthony Ave 11 State House Station Augusta, Me 04333-0011 Phone: 207-624-7900 FAX: 207-287-5282</p>	<p>Agencies Requesting Child Protective Records Research  Questions should be directed to Child Protective Intake via e-mail <a href="mailto:amber.casey@maine.gov">amber.casey@maine.gov</a> or by phone 207-626-8620; press 2.</p>
<p><b>MARYLAND</b></p>	<p>Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201</p>	<p><b>Form Required:</b> <a href="#">Consent for Release of Information/Background Clearance Request</a>  Form must be signed and Notarized. <a href="#">Click Here</a> for instructions for completing the form.  <b>Additional information may be available online:</b> <a href="http://dhr.maryland.gov/child-protective-services/child-protective-services-background-search-the-central-registry/">http://dhr.maryland.gov/child-protective-services/child-protective-services-background-search-the-central-registry/</a></p>
<p><b>MASSACHUSETTS</b></p>	<p>Massachusetts Dept. of Children &amp; Families Attn: CORI Unit 600 Washington St. 6<sup>th</sup> Floor Boston, MA 02111  Phone: 617-748-2079 Toll Free: 800-792-5200 Fax: 617-748-2441</p>	<p><b>For State/Public Agencies:</b> No form is required. Submit Request on Agency Letterhead, and include the following information:</p> <ul style="list-style-type: none"><li>• Person's Name</li><li>• Date of Birth</li><li>• Social Security Number</li><li>• Your Contact Info, including: Position, Title, Phone Number and return fax number</li></ul> <p>Submit form via fax.</p> <p><b>For Private Agencies:</b> Submit a signed and notarized release form from the individual to be check. This must include the following:</p> <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Maiden/Alias Name(s) if applicable</li><li>• Date of Birth</li><li>• Social Security Number</li><li>• Massachusetts Address</li></ul> <p>Please also include requestor's contact information and language indicating the agency to whom the results are to be sent.</p> <p><b>Additional information may be available online:</b> <a href="http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html">http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html</a></p>

**MICHIGAN**

Department of Health & Human Services  
Children's Protective Services Program.  
PO Box 30037  
235 S. Grand Ave, Suite 510  
Lansing, MI 48909  
  
Phone: 517-335-3704  
Fax: 517-241-7047

**Form Required:** Central Registry Clearance Request DHS 1929  
[http://www.michigan.gov/documents/dhs/DHS-1929\\_408961\\_7.dot](http://www.michigan.gov/documents/dhs/DHS-1929_408961_7.dot)

Additional Information may be available online:  
[http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_7119\\_50648\\_48330-180331--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html)

For Out of State Adoption and Foster Home Screening

Email or Fax Request to:

Kathy West  
Child Welfare Licensing  
Department of Health & Human Services  
322 E Stockbridge Ave  
Kalamazoo, MI 49001  
Phone: 269-337-5237  
Fax: 269-337-5129  
Email: [Westk3@michigan.gov](mailto:Westk3@michigan.gov)

Requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include

- 1) Name and title of individual requesting the information.
- 2) Contact information (phone, fax numbers, email address, etc.)
- 3) The following information on individuals for which Central Registry clearance is being requested:
  - Name(s) of individuals.
  - Any previous names.
  - Date of birth.
  - Social Security number.

**MINNESOTA**

Minnesota Department of Human Services  
Background Studies unit  
P.O. Box 64242  
St. Paul, MN 55164-0242  
  
Phone: 651-431-6620  
Fax: 651-297-1490

**Form Required:** [Consent for release of information from child abuse and neglect registry when background study subject resided outside Minnesota within last five years](#)

**Fee is \$20**

Additional Information may be available online:  
[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_054413](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_054413)

**MISSISSIPPI**

Mississippi State Department  
of Human Services  
Division of Family and  
Children's Services,  
Protection Unit, Child Abuse  
Central Registry  
P.O. Box 352  
Jackson, MS 39205-0352

Phone: 601-359-4487

**Form Required: Child Abuse/Neglect (CA/N)  
Common Central Registry Application**

[http://www.mdhs.ms.gov/media/202471/can\\_ccr\\_app.pdf](http://www.mdhs.ms.gov/media/202471/can_ccr_app.pdf)

**Complete instructions available here:**

[http://www.mdhs.ms.gov/media/202522/can\\_ccr\\_app\\_instructions.pdf](http://www.mdhs.ms.gov/media/202522/can_ccr_app_instructions.pdf)

**Additional Information may be available online:**

<http://www.mdhs.ms.gov/family-childrens-services/child-abuse-central-registry/#>

**MISSOURI**

Missouri Children's Division  
Background  
Screen/Investigations Unit  
P.O. Box 88  
Jefferson City, MO 65103

Phone: 573-751-2330

Fax: 573-751-2607

**Form Required:**

<http://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Forms/documents/SHP-159J.pdf>

Completed form should be mailed to Missouri  
Children's Division Background  
Screen/Investigations Unit

**Additional Information may be available online:**

<http://dss.mo.gov//cd/>

**MONTANA**

Records Request  
DPHHS/CFSD  
PO Box 8005  
Helena, MT 59604-8005

DPHHS/CFSD  
ATTN: Records Request  
Fax: 406-841-2487

**Form Required:**

<http://dphhs2.mt.gov/Portals/85/cfsd/documents/Background%20Checks/cfs-lic-018releaseofinformation.pdf>

Completed form should be signed and notarized and  
submitted by mail or fax. Incomplete or illegible  
forms will be returned.

**Additional Information may be available online:**

<http://dphhs.mt.gov/CFSD/BackgroundChecks.aspx#149211309-where-to-send-child-protective-service-background-check-requests>

**Questions should be emailed to:**

[ChildFamilyServicesDiv@mt.gov](mailto:ChildFamilyServicesDiv@mt.gov)

<p><b>NEBRASKA</b></p>	<p>Nebraska Department of Health &amp; Human Services Children &amp; Family Services, Policy Unit Attention Central Registry P.O. Box 95026 Lincoln, NE 68509</p> <p>Phone: 402 471 9272 Fax: 402 742 2344 (Fax is preferred) Email: <a href="mailto:DHHS.CFSCentralRegistry@nebraska.gov">DHHS.CFSCentralRegistry@nebraska.gov</a></p>	<p><b>Form Required:</b> <a href="#">APS CPS CFS Form</a></p> <p>Form must be signed, notarized and mailed</p> <p><b>Additional Information may be available online:</b> <a href="http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx">http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx</a></p>
<p><b>NEVADA</b></p>	<p>Nevada Division of child and Family Services Attn: Child Abuse and Neglect Records Check 4126 Technology Way, 1<sup>st</sup> Floor Carson City, NV 89706</p>	<p><b>Form Required: Request for Child Abuse &amp; Neglect Screening (linked at the bottom of this page:</b> <a href="http://dcfs.nv.gov/Forms/CentralRegistry/">http://dcfs.nv.gov/Forms/CentralRegistry/</a>)</p> <p>Form must be signed and mailed to the Nevada Division of Child and Family Services</p> <p><b>Additional Information may be available online:</b> <a href="http://dcfs.nv.gov/Forms/CentralRegistry/">http://dcfs.nv.gov/Forms/CentralRegistry/</a></p>
<p><b>NEW HAMPSHIRE</b></p>	<p>NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301</p> <p>Phone: 603-271-8383 Fax: 603-271-4729</p>	<p><b>Form Required:</b> <a href="http://www.dhhs.nh.gov/hr/documents/registry.pdf">http://www.dhhs.nh.gov/hr/documents/registry.pdf</a></p> <p>Must be signed and notarized</p> <p>Form must be mailed, and include a self-addressed stamped envelope.</p>
<p><b>NEW JERSEY</b></p>	<p>Department of Children &amp; Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: : 877-667-9845</p>	<p><b>Form Required: Out-of-State CARI Check Application (linked at the bottom of this page:</b> <a href="http://www.state.nj.us/dcf/reporting/record/">http://www.state.nj.us/dcf/reporting/record/</a>)</p> <p>Include the following with the form:</p> <ul style="list-style-type: none"><li>• A Copy of your agency license or certification</li><li>• A pre-paid return envelope for each request</li></ul> <p>Form must be submitted via mail, though fax may be approved in emergency situations.</p>

<p><b>NEW MEXICO</b></p>	<p>CYFD Protective Services PO Drawer 5160 CRC Unit Room 225 Santa Fe, NM 87502-5160</p> <p>Phone: 505-827-8400 Email: <a href="mailto:cyfd.pscriminalreco@state.nm.us">cyfd.pscriminalreco@state.nm.us</a></p>	<p><b>Form Required:</b> <a href="#">Abuse and Neglect Check for Prospective Foster/Adoptive Parents</a></p> <p>Form must be signed, notarized and mailed.</p>
<p><b>NEW YORK</b></p>	<p>Office of Children &amp; Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204</p> <p>Phone: 518-474-5297 Fax: 518-486-3424</p>	<p><b>Form Required:</b> Adam Walsh Child Protective and Safety Act of 2006 (multiple languages available); Search "Adam Walsh" in the search box on this page: <a href="http://ocfs.ny.gov/main/documents/docsKeyword.asp">http://ocfs.ny.gov/main/documents/docsKeyword.asp</a></p> <p>Form must be signed and notarized;</p>
<p><b>NORTH CAROLINA</b></p>	<p>NC Division of Social Services 820 S. Boylan Ave. MSC 2408 Raleigh, NC 27699 Attn: RIL</p> <p>Fax: 919-715-6714 Phone: 919-527-6340</p>	<p><b>Form Required:</b> <a href="http://info.dhhs.state.nc.us/olm/forms/dss/dss-5268-ia.pdf">http://info.dhhs.state.nc.us/olm/forms/dss/dss-5268-ia.pdf</a></p> <p>Must be signed and submitted via fax or Mail; If mailed, a self-addressed stamped envelope must be included.</p>
<p><b>NORTH DAKOTA</b></p>	<p>Department of Human Services Children &amp; Family Services 600 E. Boulevard Avenue, Dept 325 Bismarck, ND 58505</p> <p>Phone: 701-328-1846 Fax: 701-328-3538</p> <p>Email: <a href="mailto:dhscfscbc@nd.gov">dhscfscbc@nd.gov</a></p>	<p><b>Form Required:</b> <a href="http://www.nd.gov/eforms/Doc/sfn00433.pdf">http://www.nd.gov/eforms/Doc/sfn00433.pdf</a></p> <p>Must be signed; may be submitted via mail, email or fax.</p> <p>Additional Information may be available online: <a href="http://www.nd.gov/dhs/services/childfamily/cps/">http://www.nd.gov/dhs/services/childfamily/cps/</a></p>
<p><b>OHIO</b></p>	<p>Central Registry on Child Abuse and Neglect Ohio Dept. of Job&amp; Family Services Office of Families &amp; Children PO Box 183204 Columbus, OH 43218-2709</p> <p>Phone: 614-752-1298 Fax: 614-728-6726</p>	<p><b>No form Required. Print Request on letterhead, and include the following:</b></p> <ul style="list-style-type: none"> <li>• Statement that search is required for Adam Walsh Child Protection and Safety Act of 2006 and that the subjects of the search previously resided in Ohio</li> <li>• Reason for the search (Investigation in progress, prospective foster parent applicant, etc.)</li> </ul>

		<ul style="list-style-type: none"><li>• Full Name(s), Date(s) of Birth, and Social Security Number(s) of individuals requiring searches (including aliases/previous names)</li><li>• Previous Address in Ohio, if available</li></ul> <p>Request may be faxed or mailed.</p>
<b>OKLAHOMA</b>	<p>Email: <a href="mailto:caniscps@okdhs.org">caniscps@okdhs.org</a> Fax: 405-521-4373</p>	<p><b>No form required.</b> Print request on letterhead and include the following:</p> <ul style="list-style-type: none"><li>• Purpose of the request</li><li>• Names/identifying information of family members for which history is being requested</li><li>• Return email address and fax number</li></ul> <p>Request may be submitted via email (preferred) or Fax</p>
<b>OREGON</b>	<p>Oregon Department of Human Services Background Check Unit P.O. Box 14870 Salem, OR 97309</p> <p>Phone: 503-378-5470</p> <p>Fax: 503-378-6314 Attn: Adam Walsh Coordinator</p>	<p><b>No form required.</b> Print request on letterhead and include the following:</p> <ul style="list-style-type: none"><li>• Full name, maiden name, or any alias of each applicant, their gender, DOB, Social Security Number</li><li>• Reason for request (adoption or foster)</li><li>• Statement that information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006</li></ul> <p>Request may be sent as an email attachment, mailed, or faxed.</p>
<b>PENNSYLVANIA</b>	<p>ChildLine &amp; Abuse Registry Department of Public Welfare PO Box 8170 Harrisburg, PA 17105</p> <p>Phone: (717) 783-6211 Toll-Free: 1-877-371-5422</p>	<p><b>Form Required:</b> <a href="http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s_001762.pdf">http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s_001762.pdf</a></p> <p><b>Fee:</b> \$8, may be submitted as check or money order payable to Department of Public Welfare</p> <p>Submit form and fee together by mail.</p> <p><b>Additional Information may be available online:</b> <a href="http://www.dhs.pa.gov/publications/findaform/chil dabusehistoryclearanceforms/index.htm#.Vk3l7HarRhE">http://www.dhs.pa.gov/publications/findaform/chil dabusehistoryclearanceforms/index.htm#.Vk3l7HarRhE</a></p>

<i>PUERTO RICO</i>	Directora Centro Estatal PO Box 194090 San Juan, PR 00919  Phone: 787-625-4900	
<i>RHODE ISLAND</i>	Rhode Island State Central Registry & Child Abuse Hotline DCYF 101 Friendship St. 2 <sup>nd</sup> Floor Providence, RI 02903 Phone: 800-742-4453 401-528-3842  Fax: 401-528-3480	
<i>SOUTH CAROLINA</i>	South Carolina Department of Social Services Attn: Cashier 1535 Confederate Avenue PO Box 1520 Columbia, SC 29202  Phone: 803-898-7229	<b>Form Required:</b> <a href="#">DSS Form 3072</a>  Fee: \$8 payable by check or money order  Form must be signed and witnessed or notarized and submitted via mail; include a stamped self-addressed envelope  <b>Additional Information may be available online:</b> <a href="https://dss.sc.gov/content/customers/protection/cps/cr/index.aspx">https://dss.sc.gov/content/customers/protection/cps/cr/index.aspx</a>
<i>SOUTH DAKOTA</i>	Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501  Phone: 605-773-3227 Fax: 605-773-6834 Contact: Nicole LeBeau Email: <a href="mailto:Nicole.lebeau@state.sd.us">Nicole.lebeau@state.sd.us</a>	<b>Form Required:</b> Contact by phone for instructions.  Signed, Witnessed and Notarized release required. Original form must be submitted by mail.
<i>TENNESSEE</i>	Email: <a href="mailto:EI_DCS_CPS_CentralRegistryCheck@tn.gov">EI_DCS_CPS_CentralRegistry Check@tn.gov</a>	<b>Form Required:</b> Tennessee DCS Database Search Results (Available on this page: <a href="http://www.tn.gov/dcs/article/child-protective-services-history-check">http://www.tn.gov/dcs/article/child-protective-services-history-check</a> )  Include the following:

		<ul style="list-style-type: none"><li>• Cover Letter on agency letterhead stating the reason for the request</li><li>• A copy of the person’s signed “Authorization to Release Information” specifically stating information is to be shared from the Tennessee Department of Children’s Services with your agency (this is a form from your agency, not Tennessee)</li></ul> <p>The requested information must be sent via email; the form must be submitted in word format (.doc, .docx)</p> <p>Please include “Out of State Request” in the subject line, along with the name of the requesting state.</p> <p>Additional Information may be available online: <a href="http://www.tn.gov/dcs/article/child-protective-services-history-check">http://www.tn.gov/dcs/article/child-protective-services-history-check</a></p>
<p><b>TEXAS</b></p>	<p>CBCU TX Abuse Neglect BGC, M/C 121-7 PO Box 149030 Austin, TX 78714</p> <p>Phone: 1-800-645-7549 Fax: 512-339-5829</p> <p>Email: <a href="mailto:TXAbuseNeglectBGC@dfps.state.tx.us">TXAbuseNeglectBGC@dfps.state.tx.us</a></p>	<p><b>Form Required:</b> Request for Child Abuse/Neglect Central Registry – Centralized Background Check Unit (form 2970). <a href="http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=F-500-2970.pdf">http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=F-500-2970.pdf</a></p> <p>Form must be notarized and submitted via email, fax or mail.</p>
<p><b>UTAH</b></p>	<p>Department of Human Services Division of Child &amp; Family Services Attn: Child Abuse Background Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: 801-538-4466 Fax: 801-538-3993</p>	<p><b>Form Required:</b> <a href="http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf">http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf</a></p> <p>Please also include a copy of one of the following photo identifications:</p> <ul style="list-style-type: none"><li>• Valid Driver’s License</li><li>• State Identification Card</li><li>• Passport ID</li></ul> <p>Form should be mailed.</p> <p>Additional Information may be available online: <a href="http://dcfs.utah.gov/">http://dcfs.utah.gov/</a></p>

<b>VERMONT</b>	Child Protection Registry Self-Inquiry Department of Children and Families, Osgood 3 103 South Main Street Waterbury, VT 05671  Phone: 802-871-6474 Fax: 802-241-3301	<b>Form Required:</b> <a href="http://dcf.vermont.gov/sites/dcf/files/pdf/Registry_Self_Check.pdf">http://dcf.vermont.gov/sites/dcf/files/pdf/Registry_Self_Check.pdf</a>  Mail completed form and self-addressed stamped envelope  Additional Information may be available online <a href="http://dcf.vermont.gov/protection/registry/self-check">http://dcf.vermont.gov/protection/registry/self-check</a>
<b>VIRGINIA</b>	Virginia Department of Social Services Office of Background Investigations – Search Unit 801 East Main Street, 6 <sup>th</sup> Floor Richmond, VA 23219	<b>Form Required:</b> <a href="http://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf">http://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf</a>  <b>Fee:</b> \$10 , must be money order, company/business check or cashier’s check made payable to Virginia Department of Social Services  Form must be mailed
<b>WASHINGTON</b>	DSHS Children’s Administration ATTN: FISCAL NCIC Access Unit PO Box 45710 Olympia, WA 98504	<b>Form Required:</b> Washington State Child Abuse and Neglect Founded Findings Request from Another State (form DSHS #23-041) (linked toward the bottom of this page: <a href="https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states">https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states</a> )  <b>Fee:</b> \$20, check payable to DSHS Children’s ADMN  Form must be typewritten and signed. Any handwritten or incomplete forms will be returned.  Completed forms should be submitted by mail.
<b>WEST VIRGINIA</b>	Department of Children and Adult Services 350 Capitol Street, RM 691 Charleston, WV 25301  Phone: 304-558-7980	<b>Form Required:</b> <a href="#">Authorization and Release for Protective Services and Provider Record Checks for Adoption/Foster Care Only</a>  Form should be filled out using blue ink; original should be submitted via mail.

**WISCONSIN**

Department of Safety and Permanence  
201 E. Washington Street  
Madison, WI 53703

Email:  
[CWBckgrdRequests@wisconsin.gov](mailto:CWBckgrdRequests@wisconsin.gov)

Fax: (608) 226-5521

**Form Required:** DCF-F-5065-E Request for Child Protective Services Background Check for Certain Purposes.

Select "Search Forms" and Document Number 5065 on this page to access form in English, Hmong, or Spanish:

<http://dcf.wisconsin.gov/forms/querypage.htm>

Form can be emailed or faxed. Hand-written signatures are required.

**WYOMING**

Department of Family Services  
2300 Capitol Avenue  
Third Floor  
Hathaway building  
Cheyenne, WY 82002  
Phone: 307-777-5894  
Fax: 307-777-3659

**Form Required:**  
<https://drive.google.com/file/d/0B6Ar3iTzhNkEZDdSMIRVUjM0MFJDM2VLRkFYMjliZkllYmRz/view>  
(Central Registry Screening Form/DFS Form SS/APS-26)

**Fee:** \$10 for each individual screened; check or money order  
Include Self-Addressed envelope (postage appreciated, but not required), typed list of names, dates of birth, and social security numbers for all individuals being screened

Application should be submitted by mail.

**Additional Information may be available online:**  
<https://sites.google.com/a/wyo.gov/dfsweb/central-registry>