



CHILD ABUSE SCREENING REQUEST INFORMATION

This form is to request a screening to check for Child Protective Services history.

AGENCY REQUESTING SCREENING INFORMATION

NAME & JOB TITLE	TEL #	EMAIL
NAME OF AGENCY	STREET ADDRESS	CITY/STATE/ZIP CODE

SCREENING RESULTS TO BE SENT TO

NAME	TEL #	EMAIL
NAME OF AGENCY	STREET ADDRESS	CITY/STATE/ZIP CODE

INFORMATION ON PERSON TO BE SCREENED (APPLICANT)

FIRST NAME	MIDDLE NAME	LAST NAME
MAIDEN NAME *If you have been married, you have to provide this information.	OTHER NAMES USED IN THE PAST	
CURRENT STREET ADDRESS	CITY/STATE/ZIP CODE	COUNTY
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	DATE
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	DATE
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	DATE
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	DATE
DATE OF BIRTH	SSN#	SEX

CURRENT HOUSEHOLD MEMBERS (To be completed by Foster Care/Adoptions applicants ONLY.)

NAME/ALIAS (First, Middle, Last)	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	DATE
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD PROTECTIVE SERVICES EMAIL

SIGNATURE OF APPLICANT	DATE
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