



**Arkansas Department of Human Services  
Division of Child and Family Services  
Request for Child Maltreatment Central Registry Check**

**Reason for Registry Check (please only select one):**

- You are a teacher, pre-service teacher, work for or are attempting to work for a school in Arkansas
- You are a potential or current employee of a childcare facility or residential facility for children/youth licensed by Arkansas Department of Human Services (DHS)
- You are a potential foster or adoptive parent for Arkansas DHS through the Division of Children and Family Services (DCFS)
- You are a potential foster parent for a private organization including therapeutic foster care licensed by Arkansas DHS
- You are a foster family support, volunteer, or intern for Arkansas DCFS
- You are a potential relative caregiver or legal custodian for a child in Arkansas foster care
- You are a caregiver for self-direction (PALCO)
- You are a DCFS worker submitting for a client
- You are an out of state individual, provider, school, or state agency
- None of the above applies, but you would like a registry check

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Maiden/Other Names:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email2:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_ **Years at Present Address:** \_\_\_\_\_

**Past Address 1:** \_\_\_\_\_ **Years at Past Address 1:** \_\_\_\_\_

**Past Address 2:** \_\_\_\_\_ **Years at Past Address 2:** \_\_\_\_\_

**Past Address 3:** \_\_\_\_\_ **Years at Past Address 3:** \_\_\_\_\_

**Past Address 4:** \_\_\_\_\_ **Years at Past Address 4:** \_\_\_\_\_

**Consent for Minor:** \_\_\_\_\_

**CHILD INFORMATION**

**Child 1:**  
SSN:  
DOB:  
Relationship:

**Child 2:**  
SSN:  
DOB:  
Relationship:

**Child 3:**  
SSN:  
DOB:  
Relationship:

**Child 4:**  
SSN:  
DOB:  
Relationship:

**Child 5:**  
SSN:  
DOB:  
Relationship:

**Child 6:**  
SSN:  
DOB:  
Relationship:

**Child 7:**  
SSN:  
DOB:  
Relationship:

**Child 8:**  
SSN:  
DOB:  
Relationship:

**Child 9:**  
SSN:  
DOB:  
Relationship:

**Child 10:**  
SSN:  
DOB:  
Relationship:

**Child 11:**  
SSN:  
DOB:  
Relationship:

**Child 12:**  
SSN:  
DOB:  
Relationship:

**NOTARY SECTION**

I, \_\_\_\_\_, verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Registry to release any information their files may contain concerning me as an offender or of a true report of child maltreatment to the requesting facility as well as to the Arkansas Department of Human Services Division of Provider Services and Quality Assurance. The results from the Central Registry may include the existence of any true reports, the date the investigation was completed, and the type of true report.

\_\_\_\_\_  
Applicant's Signature and Date

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_ Acknowledges before me the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES:

\_\_\_\_\_