

**State of Nevada
 REQUEST FOR CHILD ABUSE/NEGLECT SCREENING**

This is a request for any reports and investigations made pursuant to Nevada Revised Statutes (NRS) 432B. The release of information concerning reports and investigations may be made available to designated individuals whose primary concern is child safety (NRS 432B.290), e.g. law enforcement, corrections, public child welfare agencies and licensed child placing agencies.

| Person(s) For Whom Information Is Being Requested (Include all household members over the age of 18) | | | |
|--|--|-------------------------|--|
| 1. Applicant Name: | | Date of Birth: | |
| Alias/Maiden name(s) used: | | Social Security Number: | |
| 2. Applicant Name: | | Date of Birth: | |
| Alias/Maiden name(s) used: | | Social Security Number: | |
| 3. Applicant Name: | | Date of Birth: | |
| Alias/Maiden name(s) used: | | Social Security Number: | |

| Children | | | | |
|---|--------|--------|------|------|
| A. Name (s) of children in family or home - include any other name(s) used: | | | | |
| Last Name: | First: | Middle | DOB: | SSN: |
| 1.) | | | | |
| 2.) | | | | |
| 3.) | | | | |
| 4.) | | | | |

Release to an agency/individual related to:
 Foster parent licensing Kinship care provider Adoption
 CASA Other (please list below)
 Explanation: Volunteer at camp with Family Counseling Service of Northern Nevada _____

| | |
|--|--|
| Stuart Gordon, LCSW, LADC Executive Director | Family Counseling Service of Northern Nevada |
| Print Name/Title of Person Requesting Data | Signature Agency Name |
| 775-322-6930 | 1475 Terminal Way, Ste. B, Reno, NV 89502 |
| Fax Number | Telephone Number Agency Address |

(For Central Office Use Only)

No Record Found
 Record Found (Please See Attached)

Date: _____ Signature: _____

Name/Title (Print): _____

STATE OF NEVADA
Division of Child and Family Services

**EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY
 INFORMATION**

NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432B.290 (attached). In order to confirm your right to the information, you must provide a complete name - include any other names used – such as maiden name, date of birth and Social Security Number (SSN) to assist with the data search. A photo-identification document must be provided to ensure that the individual has entitled said party to the information contained in the Central Registry.

All requests must be mailed to:
 Nevada Division of Child and Family Services, Central Registry
 4126 Technology Way, 1st Floor
 Carson City, NV 89706
 Or e-mail to: DCFS-CANS@dcfs.nv.gov
 Phone: 775-684-7941

PART I. IDENTIFYING DATA

| List all adults (18 and over) For Whom Information Is Being Requested | | | | | |
|---|--|---------|--------------------------|-------|--------------------------|
| 1. Applicant Name: | | | | | |
| Maiden Name: | | | Date of Birth: | | |
| Alias/other name(s) used: | | | Driver's License Number: | | |
| Gender/Sex: | | Female: | <input type="checkbox"/> | Male: | <input type="checkbox"/> |
| | | | Social Security Number: | | |
| 2. Applicant Name: | | | | | |
| Maiden Name: | | | Date of Birth: | | |
| Alias/other name(s) used: | | | Driver's License Number: | | |
| Gender/Sex: | | Female: | <input type="checkbox"/> | Male: | <input type="checkbox"/> |
| | | | Social Security Number: | | |

| List name (s) of children in family or home - include any other name(s) used: | | | | | |
|---|--------|--------|------|-----|------|
| Last Name: | First: | Middle | DOB: | Sex | SSN: |
| 1.) | | | | | |
| 2.) | | | | | |
| 3.) | | | | | |
| 4.) | | | | | |

PART II. APPLICANT REQUESTING INFORMATION

Employer/ Agency Requesting Information:

I am an employer and request information in accordance with subsection 3 of NRS 432.1000

Stuart Gordon, LCSW, LADC Executive Director

| | | |
|--|------------------------------------|--------------|
| Print Name and Title of Person Requesting Data | Signature | Date |
| Family Counseling Service of Northern Nevada | | |
| Employer/ Agency Name | | |
| 1475 Terminal Way, Ste. B, Reno, NV 89502 | | |
| Business Address | | |
| 775-329-0623 | stuart@familycounselingservice.org | 775-322-6930 |
| Telephone Number | E-mail | Fax Number |

PART III. APPLICANT REASON FOR REQUEST:

1. Release to self: I am an adult (18 years or older) and am requesting a Central Registry check on myself.

To determine if I have been found responsible for substantiated child abuse.

2. Release to an agency/individual related to:

- Child care related employment Elder care related employment CASA
- Schools/public and private Other (please list below)

3. Explanation: Volunteer for camp with Family Counseling Service of Northern Nevada _____

PART IV. AUTHORIZATION TO RELEASE INFORMATION

A. Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

1. Name: Family Counseling Service of Northern Nevada _____
(self, agency, employer or individual listed in Part II), about a finding of a substantiated report of abuse or neglect in the Central Registry.

| | |
|--------------------|-------------|
| CLIENT | |
| SIGNATURE 1: _____ | Date: _____ |
| CLIENT | |
| SIGNATURE 2: _____ | Date: _____ |

***A signed authorization to release information from the Central Registry is required for all Adults (over age 18) listed in Part I.**

*** Required: Please attach a copy of photo identification of applicant – an ID card, driver’s license or other form of identification.**

| | |
|---|--|
| For Central Office Use Only | |
| <input type="checkbox"/> No record Found | |
| <input type="checkbox"/> Record Found (Please see attached) | |

Date: _____ Signature: _____

Name/Title (Print): _____