

**OHIO STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM
ALLEGED PERPETRATOR SEARCH REQUEST**

PURPOSE

- ADOPTION/FOSTER PARENTING**
 VOLUNTEER WORK
 EMPLOYMENT *(Excludes Child Care)*
 OTHER

NAME OF APPLICANT *(Forms must be typewritten. Any handwritten forms will be returned for correction.)*

First Name	Middle Name	Last Name

PREVIOUS NAMES <i>(Maiden name, AKA, Aliases, Nicknames)</i>	CURRENT ADDRESS Apt.#

CITY	STATE	ZIP CODE

9 DIGIT SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Male</i>

I am not eligible for a Social Security card. *(You will be contacted for additional information.)*
Explain why you are not eligible:

RACE *Prefer not to answer*

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> <i>White</i> | <input type="checkbox"/> <i>Asian</i> | <input type="checkbox"/> <i>Alaska Native/American Indian</i> |
| <input type="checkbox"/> <i>Black</i> | <input type="checkbox"/> <i>Hispanic</i> | <input type="checkbox"/> <i>Native Hawaiian/Other Pacific Islander</i> |

CONTACT INFORMATION <i>Home phone number</i>	<i>Cell phone number</i>	<i>Email address</i>

LIST PREVIOUS ADDRESSES (Within last 10 years)

LIST ALL CHILDREN ASSOCIATED WITH APPLICANT AND ANY OTHER PEOPLE IN THE HOUSEHOLD

<i>Name(first name, middle name, last name)</i>	<i>Date of Birth</i>	<i>Relationship to Applicant</i>	<i>CK if residing in home</i>
			<input type="checkbox"/>

Pursuant to Ohio Law and administrative rule, I have read, or someone has read to me, the instructions to complete a SACWIS registry request before signing this form. I certify that the information above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally submits false information on this form commits a Misdemeanor of First Degree.

Signature _____ **Date** _____

Private Agency Requests and Out-of-State Requests
Complete the Following

Requesting Agency Information			
<i>Agency Name</i>	<i>Representative Name and Title</i>		
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone</i>	<i>Fax</i>	<i>Email</i>	
<i>SACWIS ID</i>	<i>Any History Known</i>		
<i>Additional information:</i>			