

# SOUTH DAKOTA REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect for substantiated abuse or neglect reports for the purposes of foster care or adoptive parent only. This information will be released to the requesting agency.

The purpose of this request is: \_\_\_\_\_  
Foster or adoption

My name is: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_  
Street City State Zip

Maiden and former names, or aka: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: \_\_\_\_\_

List full name and birth date of **all** your biological children, including those that are adults.

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agency Name and Return Address:

NDDHS, Children & Family Services (CBCU)  
Agency Name

\_\_\_\_\_ Contact Name

600 E Boulevard Ave, Dept 325  
Street Address and/or PO Box Number

Bismarck ND 58505  
City Sate Zip

\_\_\_\_\_ Your Signature Date

Subscribed and sworn to before me, a Notary Public,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

(SEAL)

YOUR SCREENING WILL ONLY OCCUR IF THIS FORM IS PROPERLY NOTARIZED.

Return to: **DSS-Division of Child Protection**  
**Attn: Nicole LeBeau-Central Registry**  
**700 Governors Drive**  
**Pierre, SD 57501-2291**