

CONFIDENTIAL
CHILD ABUSE RECORD INFORMATION (CARI) FORM
STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN & FAMILIES
OUT-OF-STATE BACKGROUND REQUEST

PLEASE PRINT CLEARLY IN INK.

Requesting Agency Name: <u>ND Department of Human Services, Children & Family Services</u>	
Contact Phone Number: <u>701-328-2316</u>	Print Staff Name: _____
Staff signature: _____	Date: _____
Agency Address: <u>600 East Boulevard Avenue, Dept 325</u>	
<u>Bismarck, ND 58505-0250</u>	
E-mail Address: <u>dhsfscbc@nd.gov</u>	
IF YOUR AGENCY OR FACILITY IS LICENSED BY THE STATE, PLEASE ATTACH A COPY OF THE LICENSE.	

Print your full name (first, middle, last): _____

Previous name, maiden name or nicknames: _____

Date of name change or date of marriage: _____

Home address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Race: _____

Social Security number: _____ Sex: _____

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the New Jersey State Law (P.L. 2003, C.186).

Full names and birth dates of your children including, if any, whether living with you or not: NOTE: If none, check this box

Child's First Name	Middle Name	Last Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your previous addresses since 1980 (use additional paper as needed):

1) _____

From: _____ To: _____
(month) (year) (month) (year)

Name: _____

2) _____

From: _____ To: _____
(month) (year) (month) (year)

3) _____

From: _____ To: _____
(month) (year) (month) (year)

4) _____

From: _____ To: _____
(month) (year) (month) (year)

5) _____

From: _____ To: _____
(month) (year) (month) (year)

6) _____

From: _____ To: _____
(month) (year) (month) (year)

Please check applicant type:

_____ **Adoptive Parent** _____ **Foster Parent** _____ **Household Member** _____ **Other** **Child Care**
(**explanation**)

Please check guidlines for request:

_____ Adam Walsh Child Protection and Safety Act of 2006 (Foster/Adoptive Applicants)

_____ Hague Adoption Convention (International Adoption Applicants)

X Other~Law or Statute. Please explain. Child Care and Development Block Grant Act of 2014

A COPY OF THE APPLICABLE LAW OR STATUTE MUST BE PROVIDED WITH THIS APPLICATION

All applicants completing this form must read the following and sign below:

I consent to have the DCF-CARI Unit conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I hereby request and give informed consent for New Jersey Department of Children and Families to release the results of this CARI check to my agency. I release DCF, the Office of Legal Affairs, and the State of New Jersey from any liability for any adverse impact resulting from the release of the CARI check results to the agency.

Signature: _____ **Date:** _____