

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, and to search any information systems for the purposes of foster care or adoptive parent only. This information will be released to the requesting agency.

My reason for requesting this screening is _____
(Foster or Adoption)

My name is _____
First Middle Last

Maiden and all former names, or aka: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

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

Name (First, middle, last)	Date of Birth	Name (First, middle, last)	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agency Name and Return Address:

Agency Name

Contact Person

Street Address / PO Box Number / Apt / Suite / Unit / Lot

City State 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 **Original** to: **DSS-Division of Child Protection
Attn: Kyli Klinger-Central Registry
700 Governors Drive
Pierre, SD 57501-2291**

YOUR E-Mail Address (only if results are clear)