

AGENCY LICENSE# 10059 * non -profit agency

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION
PLACEMENT AND RESIDENTIAL LICENSING UNIT**

Authorization for release of confidential information:
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

SEND A COPY OF THE RESULTS CONTANING TRUE REPORTS TO:
PLACEMENT AND RESIDENTIAL LICENSING UNIT 2017 E. Race Ave. Searcy, AR 72143 Phone 501-268-2714

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

Mail completed form and \$10.00 check or money order made out to DHS to: Child Maltreatment Registry, Slot S 566, P.O. Box 1437, Little Rock, AR 72203. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7 – 10 business days for processing.

This information should be addressed to:

Kym Palmer, LCSW
Name/Title (print)

Kindred Spirits Adoption Services
Agency Requesting the Report

PO Box 21408

Little Rock AR, 72221-1408

Address (physical)

501-301-5574

Telephone #

501-423-5564

Fax #

Address (provide mailing, if different than physical)

Date of Request

Name of Applicant: _____
Maiden Name/Other Names Used: _____
Race: _____ Sex: _____ Age/DOB: _____ / _____ SSN: _____

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: _____

DOB/Age: _____ / _____

Relationship: _____

SS# (if known): _____

Full Name: _____

DOB/Age: _____ / _____

Relationship: _____

SS# (if known): _____

Full Name: _____

DOB/Age: _____ / _____

Relationship: _____

SS# (if known): _____

Full Name: _____

DOB/Age: _____ / _____

Relationship: _____

SS# (if known): _____

Present Address: (since _____, _____) _____

Previous Addresses (from the last six years):

1) _____ 2) _____
_____ _____
From _____ to _____ From _____ to _____

3) _____ 4) _____
_____ _____
From _____ to _____ From _____ to _____

Cities and States of Employment (outside of Arkansas) for last six years:

1) _____ 2) _____
_____ _____
From _____ to _____ From _____ to _____

3) _____ 4) _____
_____ _____
From _____ to _____ From _____ to _____

THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to the ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of true report.

SIGNATURE OF PERSON TO BE CHECKED DATE

County of _____ State of Arkansas

Acknowledged before me, this _____ day of _____, _____

Notary Public

My commission expires: _____

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date _____

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date _____