

AGENCY LICENSE# \_\_\_\_\_

**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**

**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:

\_\_\_\_\_  
Name/Title (print)

\_\_\_\_\_  
Agency Requesting the Report

\_\_\_\_\_  
Address (physical)

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
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: \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

SS# (if known): \_\_\_\_\_

Present Address: (since \_\_\_\_\_, \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_

Previous Addresses (from the last six years):

- 1) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- 2) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- 3) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- 4) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

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

- 1) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- 2) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- 3) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- 4) \_\_\_\_\_  
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 \_\_\_\_\_

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