

**State of Nevada - Division of Child and Family Services
REQUEST FOR CHILD ABUSE AND NEGLECT SCREENING**

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432.100. Information about whether the person who is subject of the background check has been found to have abused or neglected a child may be made available to designated individuals whose primary concern is child safety (e.g. law enforcement, corrections, child welfare agencies, licensed child placing agencies). This request will NOT provide child protective services (CPS) reports or investigative history pursuant to the parameters contained within NRS 432.100.

To request CPS history within the confines of NRS 432B.290, contact the appropriate child welfare agency where the family/person who is subject of the background check resided in Nevada. If it is not known where the family/person resided in Nevada, please proceed with this request form and if any record of the person is found, you will be notified of the appropriate child welfare agency to contact.

Clark County (Las Vegas/Henderson): <http://www.clarkcountynv.gov/family-services/Pages/RecordsRequests.aspx>
Washoe County (Reno/Sparks): (775) 785-8600
All other counties in Nevada: (775) 684-1930

Instructions: Complete this request form in its entirety. Email the form to DCFS-CANS@dcfs.nv.gov (Include the word "Secure" in the email subject line to protect the information in the email). You will receive a response identifying whether a record was found of substantiated child abuse or neglect. If the family/person has CPS history, you may contact the appropriate child welfare agency to request additional information pursuant to the statutory allowances within NRS 432B.290.

If you do not receive a response after 15 business days, please contact DCFS-CANS@dcfs.nv.gov or (775) 684-7941.

Requestor Information

Name/Title/Agency				
Agency's Address				
Phone Number	Email			
Release of information related to	<input type="checkbox"/> Foster parent licensing	<input type="checkbox"/> Adoption	<input type="checkbox"/> Kinship care provider	<input type="checkbox"/> Law Enforcement
	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> CASA	<input type="checkbox"/> Other (explain):	

Person subject of background check (Include all household members over the age of 18)

Name	Alias/Maiden Name(s)	Date of Birth	Social Security Number

Children in family or home

Name	Any other name(s) used	Date of Birth	Social Security Number

Signature and Notary

This form must be signed by the requestor and additional verification must be included with this form for DCFS to process the request. One of the following is required: Have this form notarized OR include a copy of your agency photo ID OR include the request on official letterhead.

Print Name	Signature	Date
STATE OF _____)		
COUNTY OF _____)		
This instrument was acknowledged before me on (date) _____ by:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name of Individual</div> <div style="width: 35%; border-bottom: 1px solid black; margin-bottom: 5px;">Notary Public</div> </div> (Notary Stamp)		

*If notarizing: Notary must verify requestor is employee of agency that requestor indicated above (e.g. through Employee Photo ID, business card, etc.)

(FOR DCFS CENTRAL OFFICE USE ONLY)

- No Record Found**
- Central Registry Record Found:**
 A report of **ABUSE** and/or **NEGLECT** was substantiated on _____.
- CPS Record Found** (to request additional information please contact):
 - Clark County Department of Family Services <http://www.clarkcountynv.gov/family-services/Pages/RecordsRequests.aspx>
 - Washoe County Human Services Agency (775) 785-8600
 - Division of Child and Family Services (775) 684-1930

Print Name/Title	Signature	Date
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