

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated December 10, 2013

Require ments	States	
Own Form	AL, CO, CT, DC, FL, HI, IL, IN, IA, KS, MD, MN, MS, MT, NE, NV, NM, NY, NC, ND, PA, PR, SC, SD, TN, TX, UT, VA, WA, WY	These states REQUIRE requests for information to be submitted on the forms they have developed. Links to forms or websites are provided.
Notary	AR, CO, DC, ID, MD, MT, NE, NH, MA, NM, NY, SC, SD, TN, TX, VA	Best to use their form.
Witness	AL, MS, NE, RI, SC, TX	SC will accept notary or witness, TX requires both.
Fee	CA - \$15, CO - \$25, ID - \$20, MN - \$20, PA - \$10, RI - \$10, SC - \$8, VA - \$7, WA-\$20, WY - \$10	Processing fees are reimbursable under Title IV-E administrative expenses.
Original Sig.	CA, CO, DC, MD, NJ, NY, NC, SC, SD, TX, WV, WY, Guam	
Picture ID	AK, UT	
<p>NOTE to California FFH and FFAs: When completing another state's form, CDSS Adam Walsh Unit must always be the "Requestor."</p> <p>NOTE to California County Licensing Agencies: When completing another state's form, always identify your office as the "Requestor."</p> <p>The subject of the inquiry is NOT the "Requestor."</p>		
State	Contact Information	Procedures / Forms
Alabama	<p>CAN Central Registry Office of Child Protective Services Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000</p> <p>Phone: (334) 353-1045 Fax: (334) 242-0939</p> <p>Contact: Sue Ash, Supervisor Email: sue.ash@chr.alabama.gov</p>	<p>Form: DHR-FCS-1598 CAN Central Registry Clearance Form Required? Yes</p> <p>Visit the web site below or call central clearinghouse (334) 242-9500 for forms and instructions</p> <p>Signed release required? Yes, and witnessed</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: no</p> <p>Web: www.dhr.alabama.gov</p>
Alaska	<p>Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99051</p> <p>Phone: (907) 269-4026 Fax: (907) 269-4098</p> <p>Contact: Ken Saucier or Anna Peratrovich at (907) 269-0329</p> <p>Email: Kenneth.Saucier@Alaska.gov</p>	<p>Form: 06-9437 LIC Clearance Form - Confidential Go to: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</p> <p>Form Required? Yes— need a photo ID</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email or fax</p> <p>Fee: no</p> <p>*Allow 30 days for response</p>
Arizona	<p>Arizona Dept. of Economic Security CPS Central Registry P.O. Box 44240 Phoenix, AZ 85064-4240</p> <p>Contact: Nina Wolverton</p> <p>Phone: (602) 364-3836 Fax: (602) 530-1833, 1832</p>	<p>Form: Yes Request for Search of Central Registry for Background Check Put on agency letterhead. Include the information you are requesting, purpose of request, include the person's names, DOB, SS#, and known addresses in state. Form Required? No</p> <p>Signed release required? Yes Fee: no</p> <p>Methods of transmission: Mail or Fax</p>

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Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Arkansas	Arkansas Child Maltreatment Central Registry P. O. Box 1437, Slot S 566 Little Rock, AR 72203 Phone: (501) 682-0402 Fax: (501) 682-0407 Attn: Dennis Robins	Form: Authorization for Release of Confidential Information Go to: http://arkedu.state.ar.us/commemos/static/fy0809/4299.html The form is at the bottom of the page. Send Arkansas form and standard cover letter on letterhead Form Required? No Signed release required? Yes and notarized Methods of transmission: Fax preferred Fee: no
California	California Dept. of Justice Bureau of Criminal Information & Analysis CACI P.O. Box 903387 Sacramento, CA 94203-3870 Phone: (916) 227-5052 Fax: (916) 227-6364 CACI-Inquiry@doj.ca.gov	Form: Yes - BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies Form Required? Yes CA Form CA Instructions Signed release required? Yes – as instructed in link above. Methods of transmission: Original signature required, mail only Fee: \$15 Note: Processing fees are reimbursable under Title IV-E administrative expenses. CA DOJ Website More info on DSS Adam Walsh Website: CDSS Adam Walsh
Colorado	BIU – Boards and Commissions Division 1575 Sherman Street, 7th Floor Denver, CO 80203 Phone: (303) 866-4614 Contact: Marcy Colagrosso	Form: BIU Individual Inquiry Form (do not use the facility form) Individual Inquiry Form Form Required? Yes Signed release required? Yes Methods of transmission: Original signature required, mail only Fee: \$25.00 made payable to CDHS, BIU, Records and Reports. Note: Processing fees are reimbursable under Title IV-E administrative expenses. Website: www.colorado.gov/cdhs/biu
Connecticut	Department of Children and Families Hotline Fifth Floor 505 Hudson Street Hartford, CT 06106 Phone: (800) 842-2288 Phone: (860) 560-7000	Form: Authorization for Release of Information for DCF CPS Search Form Required? Yes Go to: CT form CPS: Background Search Release Form Signed release required? Yes, see instructions at website link

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Fax: (860) 560-7071 Contact: Lisa Daymonde Email: LISA.DAYMONDE@ct.gov	Methods of transmission: Mail or fax Fee: No Website
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Delaware	Department of Services for Children, Youth & Their Families 1825 Falkland Road Wilmington, DE 19805 Phone: (302) 892-5814 Phone: (800) 292-9582 Fax: (302) 633-5191 (Do not fax on Wednesdays) Contact: Beth Kramer	Form: Consent to Release Child Protection Registry Information. Go to: DE Form Form Required? No. Print form on letterhead. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006. Signed release required? Yes Methods of transmission: Mail or fax Fee: No Website:
District of Columbia	Child & Family Services Agency Child Protection Register 200 I Street, SE Washington, DC 20023 Phone: (202) 727-8885 Fax: (202) 727-8040 Email: cfsa@dc.gov	Form: Child Protection Register Check Application Form Required? Yes Fee: No Signed release required? Yes and notarized Method of transmission: Mail only, original signature required Website

Florida	Department of Children & Families Background Screening, Building 3, Room 102 1317 Winewood Blvd. Tallahassee, FL 32399-0700 Phone: (850) 717-4799 Fax: (850) 487-4337 Contact: Frank Middleton Email: frank.middleton@dcf.state.fl.us	Form: CF 1651 Central Abuse Hotline Record Search or FAH Form 1651a Go to: FL Form Form Required? Yes. Signed release required? Yes Methods of transmission: Mail or fax Fee: No Website:
Georgia	DHR, DCFS Attn: Constituent Services (pub/co agencies) 2 Peachtree St. NW, Ste. 18-494 Atlanta, GA 30303 Fax: (404) 657-3415 (private agencies) (678) 692-6983 (public/county agencies) Contact: Rebecca Mason (private agencies) (404) 463-0942 Yvonne Davenport (public/county agencies) (404) 463-2239	Form: No Form Required? No. Print request for information on letterhead. Request must include DOB, SS# and last known address in Georgia Signed release required? Yes Methods of transmission: Fax or for public/county agencies email to: customer_services_dfcs@dhr.state.ga.us Attn: Constituent Services Fee: No

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Guam	<p>Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue Hagatna, Guam 96910 Phone: (671) 475-2653/2672 Fax: (671) 477-0500 Email: lydia.tenorio@dphss.guam.gov</p>	<p>Form: No Form Required? No. Print request for information on letterhead.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Will accept email or Fax to expedite process, but requires original form by mail to release information</p> <p>Fee: No</p>
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Hawaii	<p>Statewide Child Welfare Services Section Attn: Tonia Mahi 420 Waiakamilo Road, #300A Honolulu, HI 96817</p> <p>Phone: (808) 832-0609 Fax: (808) 832-0628</p>	<p>Form Required? Yes. Go to: HI Form</p> <p>Methods of transmission: Mail original consent forms.</p> <p>Fee: No</p> <p>Website: Call for more information</p>
Idaho	<p>Idaho Department of Health & Welfare Criminal History Unit 1720 Westgate Drive, Ste. A Boise, ID 83704</p> <p>Phone: (208) 332-7990 Fax: (208) 332-7991 crimhist@dhw.idaho.gov</p> <p>Contact: Jan Calhoun or William Desron</p> <p>Fernando Castro, Acting Program Supervisor Email: castrof@dhw.idaho.gov</p>	<p>Website: https://chu.dhw.idaho.gov</p> <p>Form: The form found on the website is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check. Additional documentation should be included to clarify request specifics. If Idaho form is not used, then Idaho specific instructions must be followed. Go to: Instructions</p> <p>Is the Form Required? No.</p> <p>Signed release required? Yes – signed and notarized</p> <p>Methods of transmission: Mail, fax, e-mail with attachment scanned in PDF format. E-mail to: crimhist@dhw.idaho.gov</p> <p>Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request or an invoice will be sent to the requesting state. Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p>
Illinois	<p>Department of Family & Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701</p> <p>Fax: (217) 782-3991 Attn: SCR PCU</p> <p>Contact: SCR PCU Phone: (217) 557-0758 Email: cfs689background@illinois.gov</p>	<p>Form: CFS 689 Authorization for Background Check www.state.il.us/dcfs</p> <p>Form Required? Yes (unless for child protective service investigation)</p> <p>Signed release required? Yes (unless for investigation)</p> <p>Methods of transmission: Mail, fax or email</p> <p>Fee: No</p>
Indiana	Indiana Dept. of Child Services	Form: Yes 52802 (R5/8-13)/CW2128 (complete form on-line)

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<p>Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204</p> <p>Phone: (317) 234-5001 Fax: (317) 234-4633</p> <p>Contact: Cindy Hewett Email: Background.CheckUnit@dcs.IN.gov</p>	<p>http://www.in.gov/dcs/2363.htm form name is actually "Indiana Request for Child Protective Service (CPS) History Check"</p> <p>Form Required? Yes – Be sure to use current form. Always include maiden and <u>all</u> married names for female applicants. If you have not received a response, please call – <u>do not</u> send second request. Information will only be provided to CA Social Services.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Fax or mail</p> <p>Fee: No</p>
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State	Contact Information	Procedures / Forms
Iowa	<p>Iowa Central Abuse Registry Iowa Dept. Of Human Services 1305 E. Walnut, 5th Floor, Hoover Building Des Moines, IA 50319</p> <p>Toll-Free: (800) 362-2178 Phone: (515) 362-7404 Fax: (515) 242-6884</p> <p>Contact: Linda Chagoya</p>	<p>Form: 470-0643 Request for Child Abuse Information Go to: IA Form Form Required? Yes</p> <p>Signed release required? No</p> <p>Methods of transmission: Fax only</p> <p>Fee: No Website:</p>
Kansas	<p>SRS / Children & Family Services 915 SW Harrison Street, 5th Floor South Topeka, KS 66612</p> <p>Phone: Annette (785) 296-6783 Fax: (866) 317-4279</p> <p>Contact: Annette Caraway Email: annette.caraway@srs.ks.gov</p>	<p>Form: CPS 1011 Child Abuse and Neglect Registry Release of Information Go to: KS Form</p> <p>Form Required? Yes</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No fee for state agencies, all others must pay \$10 per form</p> <p>Website:</p>
Kentucky	<p>Department for Community Based Services Records Management Section 275 East main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: (502) 564-3834 Fax: (502) 564-9554</p> <p>Contact: Sissy Downey Email: sissy.downey@ky.gov</p>	<p>Form: No Form Required? No. Print request on letterhead.</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p> <p>http://chfs.ky.gov/dcbs/adamwalshforms.htm</p>
Louisiana	Louisiana Department of Children and Family Services - CW	Form: No

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<p>Attention CPI Intake P.O. Box 3318 Baton Rouge, LA 70821</p> <p>Phone: 225-342-2297 Fax: 225-342-3480</p> <p>Email: DarcieL.Netherland@LA.Gov</p>	<p>Form Required? No. Print request on letterhead. Include Name, Aliases; DOB; SSN; Race/Ethnicity, Last Known Address in Louisiana.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Email (preferred), Fax, or Mail</p> <p>Fee: No</p> <p>http://www.dcss.louisiana.gov</p>
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Maine	<p>DHHS, Office of Child & Family Services Child Protective Intake Unit 2 Anthony Avenue, SHS #11 Augusta, ME 04333</p> <p>Phone: (800) 452-1999 ext. 2 Contact: Child Protective Intake Fax: (207) 287-5065</p>	<p>Contact: Child Protective Intake</p>
Maryland	<p>Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201</p> <p>Contact Center Verification for Foster Care Phone: (800) 332-6347</p>	<p>Form: DHR/SSA 1279 Consent for Release of Information/Background Clearance Request</p> <p>Form Required? Yes</p> <p>Signed release required? Yes and notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p> <p>Website</p>
Massachusetts	<p>Massachusetts Dept. of Children & Families Attn: CORI Unit 600 Washington Street, 6th Floor Boston, MA 02111</p> <p>Phone: (617) 748-2079 Toll Free: (800) 792-5200 Fax: (617) 439-9027</p> <p>Contact: Kim Sportman Email: kim.sportman@state.ma.us</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead</p> <p>Signed release required? Yes and notarized.</p> <p>Methods of transmission: Mail only and include a SASE</p> <p>Fee: No</p> <p>Website</p>

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Michigan	<p>Michigan Department of Human Services Bureau of Adult & Child Licensing P.O. Box 30037 Lansing, MI 48909</p> <p>Phone: (517) 284-9715 or 284-9710 Toll free: (866) 685-0006 Fax: (517) 284-9719</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead & include following: reason for request, family names, DOB, SS#</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p> <p>Website</p>
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Minnesota	<p>Minnesota Department of Human Services Background Studies Unit P.O. Box 64242 St. Paul, MN 55164-0242</p> <p>Phone: (651) 431-6603 Fax: (651) 297-1490</p> <p>Contact: Lori Steffan or Stephan Sarumi</p>	<p>Form: Consent/Authorization for Release of Information from Minnesota Child Abuse and Neglect Registry Form Required? Yes</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail</p> <p>Fee: \$20 to Minn. Dept. of Human Services, Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>Website</p>
Mississippi	<p>Dept. of Human Services Protection Unit P. O. Box 352 Jackson, MS 39205-0352</p> <p>Toll-Free: (800) 222-8000 Phone: (601) 359-4487 Fax: (601) 576-2584</p> <p>Contact: Pearl Holloway</p>	<p>Form: Specified format required – request example call contact # Form Required? Yes – Each Agency needs to create the form with their Letterhead and include the example from MS. Signed release required? Yes, with witness</p> <p>Methods of transmission: Mail, include SASE</p> <p>Fee: No</p> <p>Website</p>
Missouri	<p>Missouri Department of Social Services Children's Division P.O. Box 88 Jefferson City, MO 65103</p> <p>Phone: (573) 751-2330 Fax: (573) 751-2607</p> <p>Contact: Sara Smith.</p>	<p>Form: MO Form</p> <p>Form Required? No. Print request on letterhead</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email or fax</p> <p>Fee: No</p>

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	Background & Screening Unit Email: Christine.Wynn@dss.mo.gov	Website
Montana	Montana Child & Family Services Division <u>Records Request</u> PO Box 8005 Helena, MT 59604-8005 Phone: (406) 841-2400 Fax: (406) 841-2487	Form: MT Form Form Required? Yes Signed release required? Yes & notarized Methods of transmission: Mail (if requesting by mail send SASE) or fax Fee: No Website
Nebraska	Nebraska Health & Human Services Division of Children & Family Services P.O. Box 95026 Lincoln, NE 68509-5026 Phone: (402) 471-3121 Fax: (402) 471-9034 Contact: Patti Reddick Email: patti.reddick@dhhs.ne.gov	Form: Yes Form: NE Form Signed release required? Yes Methods of transmission: Mail, email or fax Fee: No Website

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Nevada	Nevada Central Registry Nevada Division of Child & Family Services 4126 Technology Way, 3rd Floor Carson City, NV 89706 Fax: (775) 684-4456 Contact: Bruce Cole (775) 684-7941 Email: DCFS-CANS@dcfs.nv.gov	Form: FPO 0515: Request for Child Abuse/Neglect Screening Go to: NV Form Form Required? Yes Signed release required? No (signed release required for Employer requests only) Methods of transmission: Mail or fax Fee: No Website:
New Hampshire	NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301 Phone: (603) 271-8383 Fax: (603) 271-4729 Contact: Susan Hallett-Cook	Form: 2202A Central Registry Name Search Authorization Release of Information to Third Party Go to: http://www.dhhs.nh.gov/hr/documents/registry.pdf Form Required? Yes Signed release required? Yes - Notarized Methods of transmission: Mail ,original required, include SASE Fee: No Website
New Jersey	Department of Children & Families Office of Licensing/CARI Unit	Form: No Form Required? No. Print request on agency letterhead, include state statute

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	<p>P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: (609) 777-5966 Toll-Free: (877) 667-9845 Contact: Kimberley Golden</p>	<p>citation, and identify individual and program. Send your stat's completed form including release of information PLEASE PROVIDE DATES WHEN YOU RESIDED IN NEW JERSEY</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, original signature required, include SASE</p> <p>Fee: No</p> <p>Website</p>
New Mexico	<p>CYFD Protective Services PO Drawer 5160 PERA Room 254 Santa Fe, NM 87502</p> <p>Toll-Free: (800) 610-7610 Phone: (505) 827-8400 Fax: (505) 827-8480</p> <p>Contact: Loretta Perea</p>	<p>Form: Yes – Abuse & Neglect Check for Prospective Foster/Adoptive Parents Form Required? Yes NM Form</p> <p>Signed release required? Yes – Notary Required</p> <p>Methods of transmission: Mail - Original Signature</p> <p>Fee: No</p> <p>Website</p>

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New York	<p>Office of Children & Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204</p> <p>Form Info: (518) 474-5297 Phone: (518) 474-8740 Fax: (518) 486-3424</p> <p>Contact: Roberta Frederick</p>	<p>Form: Adam Walsh Authorization for Request for Information</p> <p>Form Required? Yes – NY Form Type Adam Walsh in search field</p> <p>Signed release required? Yes - notarized</p> <p>Methods of transmission: Mail only, original required</p> <p>Fee: No</p> <p>Website:</p>
North Carolina	<p>N.C. Division of Social Services 820 S. Boylan Ave., MSC 2408 Raleigh, North Carolina 27699-2408 Attn: RIL</p> <p>Fax: (919) 715-6714</p> <p>Contact: Child Welfare Policy Section Phone: (919) 733-4622</p>	<p>Form Required? Yes DSS-5268</p> <p>Form: NC Form</p> <p>Instructions: Website</p>
North Dakota	<p>Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept 325 Bismarck, ND 58505-0250</p> <p>Phone: (701) 328-1853</p>	<p>Form: SFN 433 Child Abuse and Neglect Background Inquiry ND Form</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, part of SFN 433</p>

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	<p>Contact: Marlys Baker Email: mbaker@nd.gov</p>	<p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No Website</p>
Ohio	<p>Ohio Dept. of Job & Family Services Office of Families & Children PO Box 182709 Columbus, OH 43218-2709</p> <p>Phone: (614) 752-1298 (866) 635-3748 OPTION 2</p> <p>Fax: (614) 728-6726</p> <p>Contact: Barbara Parker Email: Barbara.Parker@ifs.ohio.gov Janice Blue Email: Janice.blue@ifs.ohio.gov</p>	<p>Form: No Method of Transmission: Fax, US mail, e-mail Print request on letterhead. Include statement that search is required for the Adam Walsh Child Protection and Safety Act of 2006 and the subjects of the search previously resided in Ohio. Request should state the full names of individuals requiring searches (including maiden and/or other names used), date of birth, SS# and previous address in Ohio, if available.</p> <p>Signed release required? No</p> <p>Methods of transmission: Email or fax</p> <p>Fee: No Website</p>

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State	Contact Information	Procedures / Forms
<p>Oklahoma</p>	<p><u>Request Processing Worker</u></p> <p>David Burgess</p> <p>OK Department of Human Services Children & Family Services Division Attn: David Burgess PO Box 25352 Oklahoma City, OK 73125</p> <p>Office: (405) 522-4051 Fax: (405) 521-4373</p> <p>Email: David.Burgess@okdhs.org</p> <p><u>Request Processing Supervisor</u></p> <p>Jimmy Arias OKDHS/CFSD Family & Children Services-Program Manager</p> <p>Office: (918) 794-7507 Mobile: (405) 213-4532</p> <p>Email: Jimmy.Arias@okdhs.org</p>	<p>Form: Requesting Agency Letterhead Signed Release Required? No</p> <p>Method of Transmission: Preferred Email – caniscps@okdhs.org Other – FAX 405-521-4373</p> <p>Requests must be made by email to caniscps@okdhs.org, or fax to 405-521-4373 and should include the purpose of the request, names/identifying information of family members for which history is being requested, and a return email address and fax number. <u>Please DO NOT EMAIL THE REQUEST DIRECTLY TO THE PROCESSING WORKER'S PERSONAL EMAIL AS IT WILL NOT BE RESPONDED TO.</u></p> <p>Requests may take up to four to six weeks to process.</p> <p>Specific case scenarios that require a more expedient response must be justified in the request.</p> <p>****Please note: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter stating the above information. Furthermore per Social Security Act, 42 U.S.C. §</p>

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http://ccld.ca.gov/AdamWalshI_2609.htm

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated December 10, 2013

		671 once a State has verified that another State does not maintain a CAN registry, the requesting State is not required to keep making requests to that State to make a registry check. States that do not maintain a CAN registry are not required by section 471(a)(20)(C)(ii) of the Social Security Act to provide child abuse and neglect information to a requesting State on adult members of a prospective foster or adoptive parent's home.
Oregon	<p>Oregon Department of Human Services - Background Check Unit P.O. Box 14870 Salem, OR 97309-5066</p> <p>Fax: (503) 378-6314 Attn: Adam Walsh Coordinator</p> <p>Email: Adam-Walsh.Oregon@state.or.us</p>	<p>Form Required? No. Signed release required? No</p> <p>Put request on agency letterhead. Include the full name, maiden name, any other akas of each applicant, their gender, DOB, SS#, reason for request: adoption or foster. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006</p> <p>You may email your request to Adam-Walsh.Oregon@state.or.us attach the letterhead document.) The results will be securely emailed back.</p> <p>Methods of transmission: Email, fax or mail</p>
Pennsylvania	<p>ChildLine & Abuse Registry Department of Public Welfare PO Box 8170 Harrisburg, PA 17105-8170</p> <p>Phone: (717) 783-4571 Toll-Free: (800) 932-0313</p> <p>Contact: Tracey Isom Email: TIsom@state.pa.us</p>	<p>Form: CY 113 Pennsylvania Child Abuse History Clearance Form Form Required? Yes PA Form</p> <p>RELEASE FORM: Signed release required? No, but In order for the results to be mailed to a third party each applicant will have to complete the attached form and have it mailed in with the PCAHC (CY-113).</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$10 fee to Dept. of Public Welfare</p> <p>Website</p>

Updates for information listed here should be directed to:

Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Puerto Rico	<p>Directora Centro Estatal Sevilla Plaza Calle Sevilla #58 Hato Rey, PR 00917</p> <p>Phone: (787) 625-4900 ext 1218</p> <p>Contact: Ms. Iris Colón Casteñeda or Lisa Agosto Carrasquillo</p>	<p>Form: Yes Form Required? Yes – attached on the bottom of this list.</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail</p> <p>Fee: No</p> <p>Not clear if there is a registry for child abuse. There is a sexual offender registry Spanish Information on Website:</p>
Rhode Island	<p>Rhode Island State Central Registry & Child Abuse Hotline DCYF 101 Friendship St, 2nd Floor</p>	<p>Form: No Form Required? Request on state letterhead</p> <p>Signed release required? Yes, and witnessed</p>

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ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated December 10, 2013

	<p>Providence, RI 02903</p> <p>Phone: (800) 742-4453 (401) 528-3843</p> <p>Fax: (401) 528-3480</p> <p>Contact: Maria Butts</p> <p>Email: Maria.butts@dcyf.ri.gov</p>	<p>Methods of transmission: US mail only</p> <p>Fee: \$10.00 make check payable to: General Treasurer, State of Rhode Island</p> <p>Website</p>
South Carolina	<p>South Carolina Department of Social Services Central Registry P.O. Box 1520 Columbia, SC 29202-1520</p> <p>Phone: (803) 898-7318 Fax: (803) 898-7641</p> <p>Contact: Barbara Atiba or Faye Chandler</p> <p>Email: Barbara.Atiba@dss.sc.gov Faye.Chandler@dss.sc.gov</p>	<p>Form: DSS Form 3072 Consent to Release Information Go to: SC Form Form Required? Yes.</p> <p>Signed release required? Yes, witnessed or notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$8</p> <p>Website: www.state.sc.us/dss</p>
South Dakota	<p>Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501-2291</p> <p>Phone: (605) 773-3227</p> <p>Contact: Penny Tople</p> <p>Email: penny.tople@state.sd.us</p>	<p>Form: Yes. Contact by phone for instructions. Form Required? Yes</p> <p>Signed release required? Yes, witnessed and notarized</p> <p>Methods of transmission: Mail, original required</p> <p>Fee: No</p> <p>Website:</p>

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

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Tennessee	<p>Genora Wilson, CPS History Search Specialist CPS History Searches and Due Process Review Tennessee Dept. of Children's Services 436 – 6th Avenue North Cordell Hull Bldg, 8th Floor Nashville, TN 37243</p> <p>Phone: (615) 532-9856</p>	<p>Form: Yes Form Required? Yes Signed release required? Yes A copy of the person's signed "authorization to release information" specifically stating information is to be released from Tennessee Department of Children's Services to your agency. NOTE : This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Department of Children's Services)" to "release" any CPS history information to "you".</p> <p>Send a cover letter on your agency's letterhead briefly stating the reason you are requesting a central registry search.</p> <p>Methods of transmission: E mail ONLY: EI_DCS_CPS_CentralRegistryCheck@tn.gov (Note: if typed, spaces are underscored) In the subject line enter Out of State Request along with applicant's first initial and last name.</p> <p>Fee: No</p> <p>Website ctrl click and then search for Form CS-0741. Complete form and send in Word format.</p>
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State	Contact Information	Procedures / Forms
Texas	<p>Texas Department of Family & Protective Services Centralized Background Check Unit PO Box 149030 Mail Code 121-7 Austin, TX 78714-9030 1-800-645-7549 Fax: (512) 339-5871</p> <p>Contacts: 1-800-645-7549</p>	<p>Form: 2970 Request for Child Abuse/Neglect Central Registry Check Go to: (link to the following website) http://www.dfps.state.tx.us/Child Care/Other Child care Information/abuse registry asp Form Required? Yes</p> <p>Signed release required? Yes, witnessed AND notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p> <p>physical address: 2525 Ridgepoint Drive, Austin, TX 78754</p> <p>Website</p>
Utah	<p>Division of Child & Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: (801) 538-4466 Fax: (801) 538-3993</p> <p>Contact: Nora Wilson Email: norawilson@utah.gov</p>	<p>Form: http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf Go to: UT Form</p> <p>Form Required? Yes ID Needed: Client drivers license or passport</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail , fax or e-mail, also include a copy of the person's picture identification</p> <p>Fee: No</p>

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ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

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		Website
Vermont	<p>Child Abuse Registry Unit DCF/Family Services Division 103 South Main Street, Osgood 3 Waterbury, VT 05671-2401</p> <p>Phone: (802) 871-6474 Fax: (802) 241-3301</p> <p>Contact: Dianne Jabar Email: Dianne.jabar@state.vt.us</p>	<p>Form: Request for Information from the Vermont Child Protection Registry http://dcf.vermont.gov/sites/dcf/files/pdf/Registry_Self_Check.pdf</p> <p>Form Required? Yes</p> <p>Signed release required? Yes</p> <p>Methods of transmission: U.S. Mail, include SASE</p> <p>Fee: No http://dcf.vermont.gov/child_protection_registry</p>
Virginia	<p>Virginia Dept. of Social Services Child Abuse Central Registry Unit OBI Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219</p> <p>Phone: (804) 726-7567 Toll-Free: (800) 552-7096 Fax: (804) 726-7897</p> <p>Contact: Betty Whittaker, Central Registry Supervisor Email: betty.whittaker@dss.virginia.gov</p>	<p>Form: 032-02-0151-09 Central Registry Release of Information Form Go to: VA Form</p> <p>Form Required? Yes</p> <p>Signed release required? Yes, and notarized (complete Certification section of form and attach notary form)</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: Yes - \$7</p> <p>Website:</p>

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Virgin Islands	<p>Department of Human Services Children & Family Services Division Intake and Emergency Services Knud Hansen Complex 1303 Hospital Ground St. Thomas, VI 00802</p> <p>Phone: (340) 774-0930 ext 4393 Fax: (340) 774-0082</p> <p>Contact: Carla Benjamin, Administrator Email: carla.benjamin@gmail.com Janet Turnbull-Krigger, Administrator Email: turnbullkrigger@yahoo.com</p>	<p>Form: No, Place request information on letterhead</p> <p>Signed release required? No</p> <p>Method of transmission: email</p> <p>Fee: no</p>
Washington	<p>Children's Administration NCIC Access Unit Central Intake Office Attn: CAN History Check 500 1st Ave. S. Suite #501</p>	<p>Form: Washington State Child Abuse and Neglect Findings Request Go to: WA Form</p> <p>Form Required? Yes</p> <p>Signed release required? Yes</p>

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ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

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	<p>Seattle, WA 98104-9968</p> <p>Phone: (800) 562-5624 Fax: (206) 464-7464</p> <p>Contact: Crystal Hanson-Garrett Lucy McCornell Stephanie Battisti Email: childabuseregistry@dshs.wa.gov</p>	<p>Methods of transmission: Mail, email and fax</p> <p>Fee: \$20.00</p> <p>Website</p>
West Virginia	<p>West Virginia Department of Health & Human Resources 350 Capitol Street, RM 691 Charleston, WV 25301</p> <p>Phone: (304) 558-4408 Toll-Free: (800) 352-6513 Fax (304) 558-5354</p> <p>Contact: Cher O'Brien Email: fc697@wvdhhr.org</p>	<p>Form: BCF-PSRC Authorization and Release for Protective Services Record Check Go to: WV Form Form Required? Yes</p> <p>Signed release required? Yes, require original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No Website:</p>
Wisconsin	<p>Department of Children & Families Child Protective Services P.O. Box 8916 1 West Wilson Street, Room 527 Madison, WI 53708-8916</p> <p>Phone: (888) 787-0376 (608) 266-9358 Fax: (608) 264-6750</p> <p>Contact: Cindy Vandehey Email: Cindy.vandehey@Wisconsin.gov</p>	<p>Form: No Form Required? No. Print request on letterhead</p> <p>See Page 4 of: WI Procs For information request procedure</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail or fax Fee: Not at state level but counties may charge a fee No Central Registry Website or http://www.dcf.wisconsin.gov/children/cps/cpswimap.htm</p>

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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State	Contact Information	Procedures / Forms
Wyoming	<p>Department of Family Services 2300 Capitol Ave. 3RD Floor Cheyenne, WY 82002</p> <p>Phone: (307) 777-5894 Fax: (307) 777-3693 Contacts: Stephanie Ross (307) 777-5894 OR Heidi Teasley (307) 777-5491 Email: sross@wyo.gov heidi.teasley@wyo.gov</p>	<p>Form: SS-26EX Application for Child Abuse/Neglect and Adult Central Registry Screens and Wyoming Criminal History Record Prescreens WY Form</p> <p>Form Required? Yes, include all pages and a Self-Addressed Envelope</p> <p>Signed release required? Yes with original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$10.00 (Waived for a state agency request) Website</p>

Updates for information listed here should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES
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PUERTO RICO FORM BELOW

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

Updated December 10, 2013

GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE LA FAMILIA
ADMINISTRACION DE FAMILIAS Y NIÑOS
CENTRO ESTATAL DE PROTECCION A MENORES
REGISTRO CENTRAL DE CASOS DE PROTECCION

SOLICITUD DE BUSQUEDA DE ANTECEDENTES DE MALTRATO, MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Parte I: Para ser Completada por la Agencia o el Individuo Solicitante

Nombre de la Agencia o Individuo Solicitante		Apodo
Dirección Postal		
Dirección Residencial		
Número de Teléfono	Número de Fax	Correo Electrónico

Propósito de la Búsqueda:

- ☐ Adopción
 ☐ Adopción Privada
 ☐ Comunidad
 ☐ Cuidado Sustituto
 ☐ Patrono
 ☐ Otros: Especifique _____
 ☐ Licenciamiento
 ☐ Servicios Interagenciales

Parte II: Complete la Información sobre la Persona de Quien se Hace la Búsqueda de Antecedentes:

Datos de Identificación:

Nombre	Inicial	Apellidos
Fecha de Nacimiento (Día/Mes/Año)	Edad	Género: <input type="checkbox"/> F <input type="checkbox"/> M
Número de Seguro Social: XXX-XX-	Estatus Civil:	

Dirección de los Últimos Cinco (5) Años:

Direcciones (Comenzando con la más reciente. Identifique Barrio, Sector, Urbanización, Núm. Calle, Número de Apartamento)	Desde Día-Mes-Año	Hasta Día-Mes-Año
Dirección 1:		
Dirección 2:		
Dirección 3:		
Dirección 4:		
Dirección 5:		

Updated December 10, 2013

Ocupación del Solicitante: _____ Lugar Actual de Trabajo: _____
Lugar Anterior de Trabajo: _____

Datos de identificación de los Miembros del Núcleo Familiar Actual: (Incluya nombres de: hijos/as propios/as, hijastros/as, hijos/as de crianza, aunque ya sean adultos/as y actualmente no vivan con usted)

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

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SOLICITUD DE BÚSQUEDA DE ANTECEDENTES DE MALTRATO,
MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Certificación y Consentimiento:¹

Certifico que la información contenida en este formulario, es correcta y autorizo al Centro Estatal, Registro Central de Casos de Protección a Menores, a realizar los procedimientos correspondientes, basados en mi información personal, para certificar el resultado de la búsqueda de antecedentes de Maltrato, Maltrato Institucional, Negligencia y Negligencia Institucional.

_____ Nombre	_____ Firma	_____ Día-Mes-Año
_____ Nombre de Testigo de Firma	_____ Firma	_____ Día-Mes-Año

Autorizo que el resultado de esta búsqueda sea notificado a la Agencia o Individuo Solicitante (Parte I de esta Forma).

Nombre

Dirección

_____ Nombre	_____ Firma	_____ Día-Mes-Año
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LA/CMC/tdj
11/2010

¹ Se utilizará testigo de firma o marca cuando se refiere a persona que no sabe leer ni escribir, no vidente, audio/impedido u otro que requiera asistencia para hacer la solicitud.

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