## State of Nevada REQUEST FOR CHILD ABUSE/NEGLECT SCREENING

This is a request for any reports and investigations made pursuant to Nevada Revised Statues (NRS) 432B. The release of information concerning reports and investigations may be made available to designated individuals whose primary concern is child safety (NRS 432B.290), e.g. law enforcement, corrections, public child welfare agencies and licensed child placing agencies.

## Person(s) For Whom Information is Being Requested (Include all household members over the age of 18

1.	Applicant Name:	Date of Birth:
	Alias/Maiden names used:	Social Security Number
2.	Applicant Name:	Date of Birth:
	Alias/Maiden names used:	Social Security Number
3.	Applicant Name:	Date of Birth:
	Alias/Maiden names used:	Social Security Number

## CHILDREN

## Names of children in family or home - include any other names used:

1. Last Name:	First:	Middle:	DOB:	SSN:
2. Last Name:	First:	Middle:	DOB:	SSN:
3. Last Name:	First:	Middle:	DOB:	SSN:
4. Last Name:	First:	Middle:	DOB:	SSN:

Release to an agency/individual related to:									
Foster parent licensing     CASA	Kinship care provider Other (please list below)	Adoption							

Explanation:

Print Name/Title of Person	Requesting Data	a Signature		Agency Name				
Fax Number	Telepł	hone Number	Agency /	Address				
For Central Office Use Only <ul> <li>No Record Found</li> <li>Record Found (Please See Attached)</li> </ul>								
Date		Signature						
Name/Title (Print)								