

PART II: Applicant Residency. *In chronological order beginning with your current address, list all addresses (exclude zip code) where you resided during the past eighteen (18) years and include the dates lived there. Complete street addresses are required in addition to P.O. Box numbers. Continue on additional pages if needed.*

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART III: Household Information. *List all persons living at the current address. Print full name, date of birth, and relationship to the applicant below.*

NAME (first name, middle name, last name)	D.O.B	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV: Applicant Release. *Go to Part IV-B if Part IV-A is not applicable.*

Part IV-A. For use only by individuals requesting a CPR check in person.

Please READ, SIGN and DATE below: I request access to the Child Protection Register (“CPR”) for the limited purposes to determine if my name appears in the CPR as being responsible for the abuse or neglect of a child. I have shown photo identification (driver’s license, state-issued identification card or valid US passport) that is satisfactory to the CFSA CPR staff listed below.

Applicant’s Signature

Date

CFSA USE ONLY: *Identification has been shown to me that I have deemed satisfactorily identifies the applicant:*

Type of ID _____ ID # _____

Signature

Name of CFSA employee (print): _____

Title: _____

Part IV-B. For use by individuals to consent to a CPR check and authorize CFSA to release information to:

1. a CEO or director of a day care center, school, or any public or private organization working directly with children, for purposes of making an employment decision regarding employees and volunteers or prospective employees and volunteers.
2. a child-placing agency licensed in the District of Columbia for purposes of a child placement decision. Instead of the consent below, the child-placing agency may attach the consent for release of information previously received in compliance with D.C. Official Code § 4-1407.01.
3. The applicant requesting a CPR check via mail. Mailed applications must be notarized prior to submission.

Please READ, CHECK the appropriate box, SIGN, DATE, and have NOTARIZED below.

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the above-named agency/organization or me information concerning me that is contained in the Child Protection Register ("CPR"). The information contained in the CPR (whether I am "in" or "not in") may be released as indicated below:

- 1. to my employer or prospective employer. A written request from the CEO or director is attached and it states the reasons for the request.
- 2. to the child-placing agency.
- 3. I am requesting the CPR check for myself and the information may be mailed or faxed to me at the address indicated in Part V, below.

Name of Applicant

Applicant's Signature (must be signed in the presence of a Notary)

Date

STATE: _____

Subscribed and affirmed or sworn to me, in my presence,
on this _____ day of _____, 20____.

Signature of Notary Public

Notary Public, _____(State)

My commission expires on ___/___/____.

PART V: Agency Information (Please review entire application before submitting to the CFSA CPR Office)
MAIL OR DELIVER COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
200 I Street, SE
Washington, DC 20003
Attn: Child Protection Register
202-727-8885

PART VI: Select Form of Response

Please READ and INITIAL below:

I understand that I will not receive an original copy in the mail if I request a faxed or emailed copy. _____
(Initials)

- **To be completed by the referring agency only if requesting response via secure or encrypted email.** (Responses may be sent only to secure or encrypted email accounts. This option is not available to individuals):

Please email response(s) to:

Organization: _____ Attention: _____
First and Last Name of Recipient

Secure Email Address: _____ Phone Number: _____

- **To be completed by the referring agency only if requesting response via fax:**

Please fax response(s) to:

Organization: _____ Attention: _____
First and Last Name of Recipient

Fax Number: _____ Phone Number: _____

- **To be completed by referring agency/individual only if requesting response via mail:**

Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____ Contact Info: _____
First and Last Name of Recipient Email address or phone number

Thank you. Please allow 30 days for general processing. Expedited requests will be processed according to guidelines established in the current policy or business process or in existing agreements between agencies.

CFSA STAFF ONLY BELOW THIS LINE

EXPEDITE RETURN OTHER ACTION: _____

- All in-person applicants are required to present **one** of the following valid photo identifications: Driver's License, State Identification Card, or Passport.
- All requests for a CPR check in accordance with Part IV-B (1) shall have Parts I, II, III and IV-B completed and shall have attached a written request from the CEO or director that clearly articulates the basis for the request.
- All requests for a CPR check in accordance with Part IV-B (2) and (3) shall have Parts I, II, III, IV-B, and V completed.
Note: If a request for a child-placing agency is accompanied by consent to release information from the CPR as required by D.C. Official Code § 4-1407.01(1), then PART IV-B of this form does not need to be filled out by the applicant.