

APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY SCREENS

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

Instructions: Complete page one and page two of this form with signatures and dates, ensuring the Authorization of Release of Information is signed and dated by the person being screened. Mail application to:

Department of Family Services
Central Registry
2300 Capitol Ave, 3rd Floor
Cheyenne, WY 82002

Authorization is only valid for thirty (30) days from the date signed. A ten dollar (\$10) fee is required for each individual screened. The requesting organization shall include a check or money order, payable to the State of Wyoming, in the amount of **\$10** multiplied by the number of screens requested. Submit a self-addressed envelope with the request. For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened, with your request. Incomplete forms and requests not accompanied by a check or money order and self-addressed envelope will be returned unprocessed. Only applications with original signatures will be accepted. The SS-26 Form will be returned to the agency requesting the screen within ten (10) business days of receipt.

Note: Central Registry screens are specific to the State of Wyoming.

Note to requesting Organization/Facility: For adult protection screens, you may also consider checking the Board of Nursing and Office of Health Licensing and Survey registries

The Department of Family Services will no longer be conducting Wyoming Criminal Record Prescreens.

To be Completed by Organization/Facility (Print clearly)

Name of person being screened _____	
Name of organization/agency requesting check <u>Wyoming Game & Fish</u>	
Contact person for organization requesting check <u>James T. Dawson, Hunter Education Coordinator</u>	
Mailing Address of requesting organization <u>5400 Bishop Blvd.</u>	
City <u>Cheyenne</u>	State <u>WY</u> Zip <u>82006</u>
Phone (307) <u>777-4538</u>	Fax (307) <u>777-4602</u>
Purpose of Screening (Department of Family Services and Child Care Facilities ONLY)	
<input type="checkbox"/> Child Care Subsidy Program	<input type="checkbox"/> Adoption
<input type="checkbox"/> Child Care Licensing	<input type="checkbox"/> Foster Care
<input type="checkbox"/> 24 Hour Substitute Care Certification	<input type="checkbox"/> DFS Employment
<input checked="" type="checkbox"/> Other _____	
APPLICANT: Please verify SSN and DOB with a driver's license or other means of identification and obtain a copy.	

For DFS Office Use only

Date Completed _____	Reference Number <u>-0305</u>
Check Number <u>INVOICE</u>	Money Order Number _____
Person being screened listed on the DFS Abuse/Neglect Central Registry?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Central Registry Specialist initials _____	DB _____

AUTHORIZATION OF RELEASE OF CHILD OR VULNERABLE ADULT WYOMING CENTRAL REGISTRY INFORMATION

To Be Completed by Person Being Screened (Please type or print legibly)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

Full Legal Name _____

Maiden Name _____ Aliases _____

Social Security Number _____ Date of Birth _____

Ethnicity

- Caucasian
- Hispanic
- Asian
- Native American
- Black
- Other _____

Gender: Male Female

Current Address _____

City _____ State _____ Zip _____ Phone _____

List All Addresses for the past ten (10) years

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

In the course of my duties, I will have unsupervised access to

Children _____ Adults _____ Both Children and Adults _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

AUTHORIZATION IS VALID 30 DAYS FROM THE DATE SIGNED

Signature of Person Being Screened

Date (valid for 30 days)