This form is to request a screening to check for Child Protective Services history.

**AGENCY REQUESTING SCREENING INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME & JOB TITLE | TEL # | EMAIL |
| NAME OF AGENCY | STREET ADDRESS | CITY/STATE/ZIP CODE |

**SCREENING RESULTS TO BE SENT TO**

|  |  |  |
| --- | --- | --- |
| NAME | TEL # | EMAIL |
| NAME OF AGENCY | STREET ADDRESS | CITY/STATE/ZIP CODE |

**INFORMATION ON PERSON TO BE SCREENED (APPLICANT)**

|  |  |  |
| --- | --- | --- |
| FIRST NAME | MIDDLE NAME | LAST NAME |
| MAIDEN NAME \*If you have been married, you have to provide this information. | OTHER NAMES USED IN THE PAST |  |
| CURRENT STREET ADDRESS | CITY/STATE/ZIP CODE | COUNTY |
| PREVIOUS ADDREESS | CITY/STATE/ZIP CODE | DATE |
| PREVIOUS ADDRESS | CITY/STATE/ZIP CODE | DATE |
| PREVIOUS ADDRESS | CITY/STATE/ZIP CODE | DATE |
| PREVIOUS ADDRESS | CITY/STATE/ZIP CODE | DATE |
| DATE OF BITH | SSN# | SEX |

**CURRENT HOUSEHOLD MEMBERS (To be completed by Foster Care/Adoptions applicants ONLY. DFCS or CPA Please include other states and dates the household member has lived in the previous 5 years).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME/ALIAS (First, Middle, Last) | RELATIONSHIP | DATE OF BIRTH | SSN # | GENDER | PREVIOUS STATE(S) | DATE |
|  |  |  |  | FEMALE  MALE |  |  |
|  |  |  |  | FEMALE  MALE |  |  |
|  |  |  |  | FEMALE  MALE |  |  |
|  |  |  |  | FEMALE  MALE |  |  |
|  |  |  |  | FEMALE  MALE |  |  |

**IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD PROTECTIVE SERVICES EMAIL**

|  |  |
| --- | --- |
| SIGNATURE OF APPLICANT | DATE |