

When complete, scan and email form to Nora.Williams@dhr.alabama.gov

Print Form

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
** See instructions for the address to use when submitting this form. **

Requesting Person or Agency/Organization	Name of Church	Check All That Apply
Mailing Address	of church	
		<input type="checkbox"/> Child Placing Agency
		<input type="checkbox"/> Residential Child Care Facility
		<input type="checkbox"/> Child Day / Night Care Center
Telephone Number (of) Point Person	Email: of Point Person	<input type="checkbox"/> Family Day / Night Care Home
Requestor's Name	Name of Point Person	<input type="checkbox"/> Exempt Child Day Care Center
Requestor Signature	Signature of Point Person	<input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Witness Signature	Can be anyone	<input checked="" type="checkbox"/> Other (Please Specify) church

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an employee volunteer other. This person's specific job/role is or will be:
church volunteer for CarePortal requests

Will be completed by church member

Name _____ Sex Male Female Race _____ DOB ____/____/____
 Last First Middle
 Current Mailing Address _____
 Alias, Maiden & Prior Married Name(s) _____
 Name & DOB of Spouse & Former Spouse(s) _____
 Name & DOB of Children / Stepchildren _____
 Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature of church member Date _____ Signature of Witness can be same as above Date must be same as church member signature

To be completed by DHR Leave blank

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

- Substantiated report (i.e., indicated) located. See attached information.
Type Report: Physical Abuse Neglect Sexual Abuse Mental Abuse / Neglect
- No report located.
- Request Denied _____
- Other _____

Office of Child Protective Services _____ Date Completed _____