

APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN

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:

- 1) Complete page one and page two of this form **in ink** ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 3) Authorization is only valid for sixty (60) days from the date signed.
- 4) **A ten dollar (\$10) fee is required for each individual screened. Include a check or money order made payable to State of Wyoming. Do not send cash.**
- 5) **Submit a self-addressed envelope with the request.** Postage is not required but is appreciated.
- 6) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened.
- 7) **Incomplete forms and requests not accompanied by a self-addressed envelope and a check or money order will be returned unprocessed.**
- 8) **Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 9) The SS-26 Form will be returned to the agency requesting the screen within ten (10) business days of receipt.
- 10) By including an email, you acknowledge The Department of Family Services may send you results electronically, and agree to abide by all confidentiality laws regarding Central Registry data. The original will follow by mail.
- 11) Areas marked by an asterisks (*) are required fields.

Mail application to:

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

Note: Central Registry screens are specific to the State of Wyoming. For adult protection screens, you may also consider checking the Board of Nursing and Office of Health Licensing and Survey registries

To be Completed by Organization/Facility (Print clearly)

Name of person being screened _____

*Organization/agency requesting check _____

*Contact person for requesting organization _____

*Mailing Address _____

*City _____ *State _____ *Zip _____

Phone (____) _____

¥Organization Email (optional) _____

For Central Registry Use only

Date Completed _____ Reference Number _____

Check Number _____ Money Order Number _____

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES NO

Central Registry Specialist initials _____ DB _____

**AUTHORIZATION OF RELEASE
OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY INFORMATION**

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

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.

*Legal Name (First, Middle, Last) _____

*Maiden Name _____

*Former Married Names _____

*Aliases _____

*Social Security Number _____ *Date of Birth _____

Ethnicity

- Caucasian
- Hispanic
- Black

- Native American
- Asian
- 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. If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. _____

***Signature of Person Being Screened**

***Date Valid for 60 Days**

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is "under investigation", shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization/Agency on Page 1 when a final determination is made in these cases.