



Affidavit for Individual/Caregiver Central Registry Request for CBC

Instructions: Choose and Check Box.

Type of registry check being requested:

Part A: Individual (Individuals who need to know if they are on the DCS Central Registry)

Part B: Caregiver (Foster Care, Adoption, Guardianship, Other Caregiver, Adult Household Member, etc...)

Department of Child Safety records are confidential and can be released only to those individuals permitted by state (A.R.S. §8-807) and federal law. For Caregivers, this request is to be completed for all household members and requested information will be used to check the Child Safety Central Registry for any history of prior reports.

Part A: Individual

This form is a supplemental form to the Arizona Centralized Background Check (CBC) process for persons or agencies based in the state of Arizona.

Name (last, first, middle) | Date of Birth | Last Four Digits of your Soc. Sec. No.

Other Names Used (include maiden and/or prior married names)

Signature and Notary

I hereby certify under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief. By signing this document, I give permission to the states mentioned above to conduct a search of their Central Registry for Abuse/Neglect records.

Applicant's Name (Please Print) | Applicant's Signature | Date Signed

Notary section including State, County, Commission Expiration Date, Signature of Notary Public, and Notary Stamp area.

NOTE: When completed, please upload this form to the Arizona Centralized Background Check (CBC) portal.

Part B: Caregiver

For use for Adoptive/Prospective Caregivers.

Department of Child Safety records are confidential and can be released only to those individuals permitted by state (A.R.S. §8-807) and federal law. **For Caregivers**, this request is to be completed for all household members and requested information will be used to check the Child Safety Central Registry for any history of prior reports.

As the primary caregiver I can attest on this affidavit, under penalty of perjury, that the information provided is true, correct and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on the background check application may impact the case plan.

Caregiver(s)

1	_____	_____	_____
	<i>Caregiver's Name (Please Print)</i>	<i>Caregiver's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	
2	_____	_____	_____
	<i>Caregiver's Name (Please Print)</i>	<i>Caregiver's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	

Other Adult Household Members

a	_____	_____	_____
	<i>Adult Household Member's Name (Please Print)</i>	<i>Adult Household Member's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	
b	_____	_____	_____
	<i>Adult Household Member's Name (Please Print)</i>	<i>Adult Household Member's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	
c	_____	_____	_____
	<i>Adult Household Member's Name (Please Print)</i>	<i>Adult Household Member's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	
d	_____	_____	_____
	<i>Adult Household Member's Name (Please Print)</i>	<i>Adult Household Member's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	
e	_____	_____	_____
	<i>Adult Household Member's Name (Please Print)</i>	<i>Adult Household Member's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	
f	_____	_____	_____
	<i>Adult Household Member's Name (Please Print)</i>	<i>Adult Household Member's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	
g	_____	_____	_____
	<i>Adult Household Member's Name (Please Print)</i>	<i>Adult Household Member's Signature</i>	<i>Date Signed</i>
	_____	_____	
	<i>Date of Birth</i>	<i>Last Four (4) Digits of Soc. Sec. No.</i>	

NOTE: When completed, please upload this form to the Arizona Centralized Background Check (CBC) portal.

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.