



Direct Service Central Registry Clearance Form

This form is only to be utilized by agencies contracted to supply AZDES divisions letter security sited below

Applicant/Employee: You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety (DCS) Child Abuse and Neglect Records (CPS/CR) required by Arizona State Law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment. All information on this form must be typed or printed. Any form that is missing information or containing information that is not legible will be returned to the requesting agency.

Employers: Return the completed form via secured email to DESCANRegistryChecks@azdcs.gov within 5 business days of hire. For the email subject line, please type your DES Division, and the Last Name, First Name of the person the search is conducted for. Example DDD Jones, Jane. One form per email. This form must remain confidential in the employee's file, and it is subject to audit.

Agency, Please Check Applicable DES Division From Your Agency Supports

- | | |
|--|--|
| <input checked="" type="checkbox"/> Division of Developmental Disability (DDD) | <input type="checkbox"/> Division of Community Assistance and Development (DCAD) |
| <input type="checkbox"/> Division of Child Care (DCC) | <input type="checkbox"/> Division of Arizona Early Intervention Program (AZEIP) |
| <input type="checkbox"/> Division of Employment Rehabilitation Services (DERS) | <input type="checkbox"/> Office of Procurement (OP) |
| <input type="checkbox"/> Division of Adult and Aging Services (DAAS) | |
- Contract/Solicitation No. (Required) _____

Reason for Background Check

- ☒ New Hire ☐ Rehire ☐ Volunteer ☐ Annual

Position _____

Date Employed _____

05855

Applicant/Employee Email (Required for Results) _____

Contract/Solicitation No. (Required) _____

Requesting Agency Information

Care Givers of Arizona		Denise Fowler		Director of HR
Agency/Vendor Name		Representative Name		Title
10851 N Black Canyon Hwy Ste 630		602-277-4142		
Mailing Address		Phone No.		Fax No.
Phoenix	AZ	85029	DeniseFhr@caregiversofarizona.com	
City	State	ZIP	Email (Required for Results)	

Applicant Subject Information

Last Name _____ First Name _____ Middle Name/Initial _____ Date of Birth _____ Soc. Sec. No. _____ Maiden Name _____

Previous Names, AKA's or Aliases

1 Last Name _____ First Name _____ Middle Name/Initial _____

2 Last Name _____ First Name _____ Middle Name/Initial _____

Current Address

Street Address _____ City _____ State _____ ZIP _____ Applicant/Employee Email Address (Required) _____

Have you lived at your current address for five (5) years or longer? ☐ Yes ☐ No

If no, five (5) years of residence history

1 Street Address _____ City _____ State _____ ZIP _____ Date From _____ Date To _____

2 Street Address _____ City _____ State _____ ZIP _____ Date From _____ Date To _____

3 Street Address _____ City _____ State _____ ZIP _____ Date From _____ Date To _____

Applicant Subject Information ~ continued

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction? ☐ Yes ☐ No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? ☐ Yes ☐ No

If yes:

What was the allegation(s)?

When was the investigation(s)?

Where was the investigation(s)?

If you wish to provide additional information please use space provided or attach additional documentation.

Statement of Certification By Applicant/Employee

By signing this form, I allow the Department of Child of Safety to report final findings of any DCS child abuse investigation for the Agency listed above. I attest 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 this form may result in disciplinary action. **Do not type Signatures!**

Applicant/Employee Signature (Pen or Digital Signatures with digital verification)

Date

For Arizona DCS Central Registry Use Only

Central Registry Results: ☐ No Record Found

Request Received Date

Name of Staff Completing Search (Please Type)

Name of Staff Completing Search Signature

Date Checked

		Intake No.	Central Registry Exception Approved (Y/N) ONLY applies to Disqualifying Act results)	Central Registry Exception Date
Disqualifying	<input type="checkbox"/>			
Disqualifying	<input type="checkbox"/>			
Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			
Non-Disqualifying	<input type="checkbox"/>			



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.