## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Child Care

## REQUEST FOR SEARCH OF BACKGROUND CHECKS

This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this information in error, please notify the sender and destroy the information. The information contained in the Central Registry of Arizona Department of Child Safety (ADCS), and any attached files shall be used as a factor to determine qualifications for individuals applying for contracts with this state, including employees of the prospective contractor, contractors, and subcontractors for positions that provide direct services to children.

The information contained in the Central Registry and any attached files are confidential and shall not be further disseminated or shared. SPECIAL NOTE: In order to adhere to confidentiality requirements, this document can only be completed by either the owner or the individual responsible for hiring staff and volunteers for this facility. PLEASE FILL OUT THE INFORMATION BELOW. All applicable fields must be completed, accurately and legibly.

Provider or Contracto	or Name:					
Provider ID (Assigne	ed by DES):					
Licensed Center Nur	mber: CDC	Certified Group Home Number: SGH				
DCC Contract Numb	er: SX (Assigned by DES	·)				
Check one:						
New Contract	New Employee Hire	DCC Certified Home	CCR&R Registered Home			
Phone Number (Inclu	uding Area Code):					
Email Address <i>(Resเ</i>	ults will be emailed to this	Address):				
Mailing Address (No.	., Street):					
City:						
Name of Person Autl	horized to Submit Reques	et (Print/Type):				
Requestor's Signature:			Date of Request:			

SUBMIT YOUR COMPLETED REQUEST THROUGH ONE OF THE FOLLOWING METHODS:

Fax to: DCC BACKGROUND CHECKS (602) 542-8436
Email\_[secure] to: CCACentralRegistry@azdes.gov

## Results of this check will be:

- 1. EMAILED to the address above indicating that one or more individuals on the request was (were unable to be processed with the information provided; or
- 2. EMAILED to the address above if all names are cleared; or
- 3. EMAILED to the address above with information on individuals who are found to have a substantiated finding of child abuse or neglect; and
- MAILED to the individual who is found to have a substantiated finding that disqualifies him/her from providing direct services to children.

CCA- 1211A FORFF (5-22) Page 2 of 2

## INDIVIDUAL INFORMATION FOR SEARCH OF BACKGROUND CHECKS

(All fields must be completed, accurately and legibly)

INDIVIDUAL'S INFORMATION								
		State:	ZIP Code:					
) years?	No	Yes						
State			Month/Year					
State			Month/Year					
State			Month/Year					
	) years? State State	Date ) years? No State	Date of Birth (M State: ) years? No Yes State State	Date of Birth <i>(MM/DD/YY)</i> : State: ZIP Code:				