

**REQUEST FOR SEARCH OF CENTRAL REGISTRY
FOR BACKGROUND CHECK-COVER SHEET**

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 and any attached files shall be used as a factor to determine qualifications for individuals/agencies applying for contracts with this state, including employees of the prospective contractor, contractors, and subcontractors for positions that provide direct services to children or vulnerable adults. **The information contained in the Central Registry for Background Check and any attached files is confidential and shall not be further disseminated or shared.**

PLEASE COMPLETE ALL FIELDS ACCURATELY AND LEGIBLY.

Organization Name _____

ADES/DAAS Contract Number _____

Check One: Prospective ADES/DAAS Contractor Current ADES/DAAS Contractor
 Subcontractor to ADES/DAAS Contractor - Identify ADES/DAAS Contractor:

Tracking Number (*You must provide your unique tracking number as it will be used to identify and track this document and the individuals linked to it.*): _____

Check One: New Contract with ADES/DAAS ADES/DAAS Contract Extension New employee hire

Requester's Phone Number _____ Requester's Email Address _____

Requester's Mailing Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Name of person authorized to submit request attesting to the presence of a Signed Direct Service form for each request

Requester's Signature _____ Date of Request _____

SUBMIT THIS COMPLETED COVER SHEET AND REQUEST FORM(S) THROUGH ONE OF THE FOLLOWING METHODS:**Email (secured) to:** DAAS-CR@azdes.gov Please indicate Organization Name in subject line.**Fax to:** Central Registry Request at 602-542-6636**RESULTS of this check will be:**

- EMAILED** to the address above indicating that one or more individuals on the request was (*were*) unable to be processed with the information provided. The Signatory will be required to respond to DAAS-CR@azdes.gov within 10 working days with a statement verifying that the person(s) is(are) not providing a direct service to a child or vulnerable adult; or
- EMAILED** to the address above if all names are cleared; or
- EMAILED** to the address above with information on individuals found to have a substantiated finding of child abuse or neglect on the Central Registry; and
- MAILED** to the individual who is found to have a substantiated finding on the Central Registry that disqualifies him/her from providing direct services to children or vulnerable adult clients of ADES.

Illegible, inaccurate, or incomplete information on the Cover Sheet or Request Form will delay your response from ADES/DAAS.

REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK

(All fields must be completed, and information must be accurate and legible.)

INDIVIDUAL'S INFORMATION

Name _____ Alias (Previously used name(s)) _____
SOC. SEC. NO. _____ Date of Birth _____
Mailing Address (No., Street) _____
City _____ State _____ ZIP Code _____

ADES/DAAS - INTERNAL USE ONLY (SEARCH RESULTS)

Reports Yes No Number (See attached document(s)) _____
Date of Search _____ Name of Person Completing Search _____
Signature _____

INDIVIDUAL'S INFORMATION

Name _____ Alias (Previously used name(s)) _____
SOC. SEC. NO. _____ Date of Birth _____
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Signature _____

DISQUALIFICATION ACTS

A person is disqualified from providing services to ADES clients in a direct service position if he/she is identified as the subject of the substantiated report for any of the following.

- 24** Child death due to alleged abuse or neglect, or suspicious death
- 25** Injuries requiring emergency medical treatment
- 27** Child age 24 months is shaken (shaken baby syndrome)
- 33** Untreated life threatening condition, Infant Doe, Non-organic FTT
- 37** Imminent harm to child under the age of six (6) due to lack of supervision by parent/caretaker
- 38** Neglect results in injury/illness requiring emergency medical treatment
- 39** Imminent harm to child due to health or safety hazards in living environment exposure to the elements
- 40** Child diagnosed as suicidal by mental health professions, parent refused to allow treatment
- 41** Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven days
- 42** Child reporting vaginal or anal penetration or oral sexual contact within past 72 hours and has not been examined
- 43** Abandoned, no parent willing to provide immediate care for a child and child is with a caregiver unable or unwilling to provide care now
- 45** Injuries may require medical treatment
- 46** P3 Injury to child under age six years
- 50** Living environment presents health or safety hazards to a child under the age of six
- 51** Sexual conduct/physical injury between children due to inadequate supervision
- 54** Sexual behavior within the past 8-14 days
- 55** Child diagnosed by mental health professional with behavior consistent with emotional abuse
- 56** Abandoned, no parent willing to care for a child, child with caretaker unable or unwilling to care for child less than one week
- 66** Significant developmental delays due to neglect
- 69** Attempted sexual behavior or sexual behavior, 14 days to three years or last occur unknown
- 72** Parent, guardian or custodian suggests or entices child to engage in sexual behavior, no touching
- 76** Use of child by parent, guardian or custodian for material gain
- 82** Parent, guardian or custodian sexually abused a child in past, now in home with a child
- 83** Attempted sexual behavior or sexual behavioral when last occurred more than three years
- 101** Death of a child due to neglect
- 111** Death of a child due to physical abuse or suspicious death
- 201** Physical abuse high risk
- 202** Physical abuse moderate risk
- 301** Neglect, high risk
- 302** Neglect, moderate risk
- 401** Sexual abuse, high risk
- 402** Sexual abuse, moderate risk
- 403** Sexual Abuse, low risk
- 404** Sexual Abuse, response 4
- 501** Emotion Abuse, high risk
- 502** Emotional abuse, moderate risk