

PROVIDER REQUEST FOR CENTRAL REGISTRY 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 are intended to be used as a factor to determine qualifications for each Applicant and Administrator for a Contract with the Division and for each person who will provide direct service to a child or vulnerable adult for a Contractor or Subcontractor. **The information contained in the Central Registry is confidential and must not be further disseminated or shared.**

Please fill out the information below and send this Cover Sheet with the attached Request Form(s). There is no limit to the number of Request Forms (page 2) that may be attached to this Cover Sheet. Information entered in all fields must be accurate, legible, and complete.

| | |
|--|---|
| CONTRACTOR, OR SUBCONTRACTOR NAME _____ CONTRACTOR NUMBER _____ TRACKING NUMBER <i>(You must assign a unique combination of numbers and/or letters to track this document and the persons listed on it for a background check. The Tracking Number may include the name of the company but not the name, initials, or SSN for a person listed on this request)</i> _____ | CHECK ALL APPLICABLE: <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee <input type="checkbox"/> New Contract with DDD <input type="checkbox"/> Contract Extension |
|--|---|

NAME OF PERSON AUTHORIZED TO SUBMIT REQUEST (Requestor) _____

REQUESTOR'S EMAIL ADDRESS _____ REQUESTOR'S PHONE NO. _____

REQUESTOR'S SIGNATURE _____ DATE OF REQUEST _____

SUBMIT YOUR COMPLETED COVER SHEET AND REQUEST FORM(S) VIA ONE OF THE FOLLOWING:

Secure Email to: DDDCentralRegistrySearchRequest@azdes.gov
Fax to: 602-542-8193 – Attn: Central Registry Request
Mail to: **Division of Developmental Disabilities**
 Attn: Central Registry Request
 P.O. Box 6123, Mail Drop 2HC3
 Phoenix, AZ 85005

The result(s) of this background check will be processed within **two working days** and notification will be sent as follows.

1. For persons with no record of substantiated reports of abuse or neglect, the Requestor will be notified.
2. For persons with one or more substantiated report of abuse or neglect, the person, the Requestor and the Signatory on the Contract will be notified.

If a person has a substantiated report of abuse or neglect for a **disqualifying act**, the Signatory will be required to respond to the Division within **10 working days** with a statement verifying that the person is **not** providing a direct service to a child or vulnerable adult.

**Illegible, inaccurate, or incomplete information on the Cover Sheet
or Request Form will delay your response from the Division.**

REQUEST FOR CENTRAL REGISTRY BACKGROUND CHECK

(All fields must be completed, accurately and legibly.)

Tracking Number: _____

PERSON REQUIRING THE CENTRAL REGISTRY BACKGROUND CHECK

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| NAME | ALIAS <i>(Previously used name(s))</i> |
| SOC. SEC. NO. | DATE OF BIRTH |
| ADDRESS (No., Street, City, State, ZIP) | |

DDD – INTERNAL USE ONLY (Search results)

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DISQUALIFICATION ACTS

A person is disqualified from employment in a direct service position if he/she is identified as the subject of a substantiated report for any of the following. View Finding Statement if available.

| | |
|------------|--|
| 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 r 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 |
| 404 | Sexual Abuse, response 4 |
| 501 | Emotion Abuse, high risk |
| 502 | Emotional abuse, moderate risk |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.