

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Community Based Servi

CENTRAL REGISTRY CHECK

**FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM ([www.Irc.ky.gov](http://www.Irc.ky.gov)). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

- ☐ Child-Placing Agency(Foster/Adoption/Independent Living)Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency/Wilderness)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member  
(Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)
- ☐ Michelle P. Waiver (Required by 907 KAR 12:010)
- ☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- ☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- ☐ Children's Advocacy Center (Required by 922 KAR 1:580)
- ☐ Court Appointed Special Advocate(CASA) (Required by KRS 620.515)
- ☐ Personal Care Attendant (Required by 910 KAR 1:090)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):  
Medicaid: in-home service provider 907 KAR3:030

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

**Name:** Carli Gabrielle N/A Bryan  
(first) (middle) (maiden/nickname/other) (last)

**Sex:** F **Race:** Black or **Date of Birth:** 05/25/1990

**Social Security/Individual Taxpayer Identificaiton #:** 407-39-9780 **Date of Initial Hire:** 03/10/2020



<b>Present Address:</b>	126 Vermont Ave, Louisville, KY, 40206		
	City	State	Zip Code
<b>Previous Address:</b>	624 Nelson Place, Newport, KY, 41071		
	City	State	Zip Code
<b>Previous Address:</b>	6744 Belkenton Ave, Cincinnati, OH, 45236		
	City	State	Zip Code
<b>Previous Address:</b>	1700 Wildwood Circle, Louisville, KY, 40291		
	City	State	Zip Code
<b>Previous Address:</b>	3320 Bardstown Rd, Louisville, KY, 40218		
	City	State	Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check willNOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Carli Bryan

10/19/2020

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

**NAME OF EMPLOYER/AGENCY:** Transformations LLC

**EMAIL ADDRESS:** jpolley@transformationsllc.net

**ADDRESS:** 4010 Dupont Circle **CITY:** Louisville

**STATE:** KY **ZIP:** 40207 **PHONE:** \_\_\_\_\_

**RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]**

☒ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry

Date of substantiated \_\_\_\_\_

☐ Substantiated child neglect found on the registry

Date of substantiated \_\_\_\_\_

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

**CHECK CONDUCTED ON** 10/23/2020 **BY** Melissa Hazlett