

Present Address:	3216 Stegner Ave, Louisville , KY, 40216		
	City	State	Zip Code
Previous Address:	_____		
	City	State	Zip Code
Previous Address:	_____		
	City	State	Zip Code
Previous Address:	_____		
	City	State	Zip Code
Previous Address:	_____		
	City	State	Zip Code

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 will NOT 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.

<i>Shenika Breed</i>	<i>02/10/2025</i>
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 Hope for Todays Families LLC

EMAIL ADDRESS: jpolley@transformationsllc.net

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

STATE: KY **ZIP:** 40207 **PHONE:** _____

RESULTS OF CHILD ABUSE OR NEGLECT

[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 02/10/2025 **BY** Delores Hurt