DPP-156 (R. 8/2019) 922 KAR 1:470

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

CENTRAL REGISTRY CHECK

| FOR THE FOLLOWING TYPES OF EMPLOYMENT KENTUCKY ADMINISTRATIVE REGULATION AUTHOR | | | |
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| CHECK AS A CONDITION OF EMPLOYMENT OR VO | | | |
| CHECK THE CATEGORY LISTED BELOW THAT APP | LIES TO YOU FO | R WHICH THE CHILD | |
| ABUSE OR NEGLECT CHECK IS BEING REQUESTED: | 10 100 10. | t milei illo tomo | |
| Child-Placing Agency (Foster/Adoption/Independent Living) Employe | e or Volunteer (Required | by 922 KAR 1:316) | |
| Residential Child-Caring Facility Employee or Volunteer | (Required | by 922 KAR 1:300) | |
| (Institution/Group Home Emergency) | | | |
| Public School Employee, Student Teacher, Contractor, or School-Base | d Decision-Making Coar | neil Member | |
| | (Required | 1 by KRS 160 380) | |
| Private, Purochial, or Church School Employee or Student Teacher | | d by KRS 160.151) | |
| Youth Camp Employee, Contractor, or Volunteer | (Required by KRS 15 | | |
| Power of Attorney Regarding the Care and Custody of a Child | | (Required by KRS 403.352) | |
| Supports for Community Living (SCL) Employee | | 1 by 907 KAR 12:010) | |
| Michelle P. Waiver | (Required by 907 KAR 1:835) | | |
| 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) (Required by KRS 620.515) | |
| Court Appointed Special Advocate (CASA) Personal Care Attendant | (Require | d by 910 KAR 1:090) | |
| | | | |
| | | time a child abuse or nout an | |
| Other (If none of the above categories is applicable, please explan | n the reason for reques | ting a crain abuse of neglect | |
| Other (If none of the above categories is applicable, please explain check, including the statutory or regulatory authority for the request | r): | | |
| about including the exercises or regulatory authority for the request | r): | | |
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| eheck, including the statutory or regulatory authority for the request Medicaid in home service property of the request PERSONAL INFORMATION REGARDING THE INDIVIDUAL | nider 907 K NIDER 907 K | AR 31030 | |
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| PERSONAL INFORMATION REGARDING THE INDIVIDU. NEGLECT CHECK (Please print and submit identifying information) | nider 907 K NIDER 907 K | AR 31030 | |
| PERSONAL INFORMATION REGARDING THE INDIVIDU. NEGLECT CHECK (Please print and submit identifying informat security care or birth certificate): | Nider 907 K AL SUBMITTING T tion such as a copy of | O. A CHILD ABUSE OF | |
| PERSONAL INFORMATION REGARDING THE INDIVIDU. NEGLECT CHECK (Please print and submit identifying informat security care for birth certificate): NAME: USAJ F. 174044 New York | NIDER 907 K NIDER 907 K AL SUBMITTING T LION SUCH AS A COPY OF | AR 31030 | |
| PERSONAL INFORMATION REGARDING THE INDIVIDU. NEGLECT CHECK (Please print and submit identifying informat security card or birth certificate): NAME: JUSAJ Elizabeth New York. | Nider 907 K AL SUBMITTING T tion such as a copy of | O. A CHILD ABUSE OF | |
| PERSONAL INFORMATION REGARDING THE INDIVIDU. NEGLECT CHECK (Please print and submit identifying informat security card or birth certificate): NAME: JUSAJ Elizabeth New York. | NIDER 907 K NIDER 907 K AL SUBMITTING T LION SUCH AS A COPY OF | AR 3030 O A CHILD ABUSE OF your driver's license, social | |
| PERSONAL INFORMATION REGARDING THE INDIVIDU. NEGLECT CHECK (Please print and submit identifying informat security early or birth certificate): NAME: | Nider 907 K NIDER 907 K AL SUBMITTING T Lion such as a copy of AND Taiden rickname (ether) | AR 3030 O A CHILD ABUSE OF your driver's license, social | |
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| PERSONAL INFORMATION REGARDING THE INDIVIDU. NEGLECT CHECK (Please print and submit identifying informat security card or birth certificate): NAME: USAJ Elizabeth New (middle) Sex: E Race: White Date of Birth: Oktobled Social Security/Individual Taxpayer Identification #: 786 | Nider 907 K NIDER 907 K AL SUBMITTING T Lion such as a copy of AND Taiden rickname (ether) | AR 3030 O A CHILD ABUSE OF your driver's license, social | |
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| PERSONAL INFORMATION REGARDING THE INDIVIDUAL NEGLECT CHECK (Please print and submit identifying information security card or birth certificate): NAME: USAJ Elizabeth New (middle) Sex: E Race: White Date of Birth: Oklis 1969 Social Security/Individual Taxpayer Identification #: 7860 Date of Initial Hire: 3117022 | Nider 907 K AL SUBMITTING To tion such as a copy of the such as a | AR 36030. TO A CHILD ABUSE OF your driver's license, social ander Seul (last) | |
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| PERSONAL INFORMATION REGARDING THE INDIVIDUAL NEGLECT CHECK (Please print and submit identifying informat security card or birth certificate): NAME: JUSTAN Elizabeth New (middle) Sex: F. Race: White Date of Birth: Oblis 1969 Social Security/Individual Taxpayer Identification #: 7860 Date of Initial Hire: 31 17072 Previous Address: 138 Wedmore Crossing Of. | Nider 907 K Nider 907 K AL SUBMITTING To the such as a copy of MAN (1) Taiden reich name (wither) -80-5588 Whelbyyelle le Nelbyyelle le | AR 30000 TO A CHILD ABUSE OF your driver's license, social ander Seul (last) | |
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| PERSONAL INFORMATION REGARDING THE INDIVIDUAL NEGLECT CHECK (Please print and submit identifying information security early or birth certificate): NAME: JUSTAN Elizabeth New (first) NAME: White Date of Birth: 0415 1969 Social Security/Individual Taxpayer Identification #: 7860 Date of Initial Hire: 311 7077 Previous Address: 139 Watattom Or . (Previous Address: 123 Plantation Or . (Previous Address: Previous Address: | Nider 907 K AL SUBMITTING To the such as a copy of the such as a | AR 3030 TO A CHILD ABUSE OF your driver's license, social ander Sul (last) H 40065 Zip Code Zip Code | |
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So Light Opportunity Employer M.T. D.

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 to not report all of the information needed, I may be subject to prosecution for fraud. |
|---|
| Signature of the Individual Submitting to the Child Abuse or Neglect Check Date |
| Signature of the individual Submitting to the Citia Abuse of Neglect Check |
| The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, 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 HC ADDRESS: 4010 Dyport Circle Sto 582 CITY: Louisville STATE: Kentucky ZIP: 4020 TPHONE: 502-899-5411 |
| STATE: Kentucky ZIP: 4020 TPHONE: 502-899-5411 |
| E-MAIL ADDRESS: |
| RESULTS OF CHILD ABUSE OR NEGLECT CHECK IFOR OFFICIAL USE ONLY No reportable incident found in accordance with 922 KAR 1:470 Substantiated child abuse found on the registry Date of substantiated finding: Substantiated child neglect found on the registry Date of substantiated finding: 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 |
| ATTION CONTRACTOR OF |

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