

Central Abuse Hotline Record Search

I/we,(please print – firs	t, middle, las	t name)	and ₋	(please pri	nt – spouse first, n	niddle, last	name, if applicable)
as an applicant for adoptineglect or abandonment in indicators" of maltreatmer further understand that the requirements reviewed by persons and children, inclinequesting agency/facility	nvestigated of a child of a child of a child of a central aby an agencuding family	I pursuant to Chapter 39 d(ren). I understand I wouse hotline search is oney with the authority to by child care homes and	9, Florida S will be give aly one part license or	Statutes in ven the oppo t of the preli approve h	which my name ortunity to discus iminary report to nomes for the ca	appears and the second appears and the court are of deviced are of	and there were "verified lings of the report(s). I for adoption, one of the velop-mentally disabled
Applicant Signature:				Date:_		_ Phone:	
Spouse Signature:	omitted by on		d at the botte				
Applicant: SSN:		DOB:	_ Race:	Sex:			
Spouse: SSN:						<u>:</u>	
Current Address:	Address	City		County	State	Zip	Dates at Address
Previous Address:	Address	City		County	State	Zip	Dates at Address
Previous Address:	Address	City		County	State	<i>Z</i> ip	Dates at Address
Reason for Record Search (NOTE: Searches of the C		Adoption Applicant (Cluber Licensing/Registration use Hotline may not be use	Applicant	(Chapters 3		09)	
Family child care, foster/sh this form. <i>Do not include</i>	helter/group	o home or adoption appl			·	-	•
TO BE COMPLETED BY	REQUES	TING AGENCY					
☐ Child Care Cen	ıter	Family Child Care Hon	ne	☐ Foster/S	Shelter/Small	□ Group	Home Adoption
☐ Child-Caring A	gency	Child-Placing Agency		☐ DD Fost	ter/Small Group	Home	
OCA and/or Facility ID:							
Facility/Agency Name:						_ Phone:	<u> </u>
Address:	44500			City		Zip Code	
I understand it is a misde to others. The informatio	meanor of t	the first degree for any a	agency to ι	use or releas	se abuse, negle	ct or abar	ndonment information ned.
Printed Name and Signature	of Requesting I	Facility/Agency Representative	Date			-	

APPLICANTS FOR FAMILY CHILD CARE, FOSTER/GROUP HOME OR ADOPTIONS – PLEASE ENTER INFORMATION FOR ALL CHILD AND ADULT HOUSEHOLD MEMBERS **EXCEPT FOSTER CHILDREN**.

	First Name	Middle Initial	<u>DOB</u>	<u>Race</u>	<u>Sex</u>	<u>SSN</u>
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