

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Request for a Child Protection Register Check (CPR Check)

INSTRUCTIONS: Please **TYPE** or **PRINT LEGIBLY**, filling in all requested information, and date and sign or initial in the places marked "Applicant Signature" or "Initial." Thoroughly review the entire application before submitting to the CFSA CPR Office. **Allow 30 days for results to be processed.** Applications with incomplete or illegible information will be returned to the applicant resulting in delayed processing.

PART I: Applicant Source and Type

SOURCE:

- CFSA Self DC/State Government Agency: _____
- Collaborative: _____
- Private Agency: My Sister's Place

TYPE:

- Applicant/New Hire¹ Existing Employee Individual² Court Order
- Licensing (Foster Parent) Adoption Visitation Other

PART II: Applicant Information. Please indicate your full first, middle and last name, unless your legal first or middle name consists of only an initial.

FULL NAME: _____

FIRST NAME

MIDDLE NAME

LAST NAME

D.O.B. _____ Social Security No. _____

Month Day Year -- -- --

Race: _____ Gender: Male Female

List all names ever used (maiden name, married name, alias, etc.; continue on additional pages if needed):

FIRST NAME

MIDDLE NAME

LAST NAME

FIRST NAME

MIDDLE NAME

LAST NAME

FIRST NAME

MIDDLE NAME

LAST NAME

¹ Allows access to substantiated reports of child maltreatment, to chief executive officers (CEO) or directors of day care centers, schools, or any public or private organization working directly with children, for the purposes of making employment decisions.

² Results from requests by individuals for CPR checks may not be used for employment purposes. Employing entities must request CPR clearance for existing employees or applicants.

PART II: Applicant Residency. *In chronological order beginning with your current address, list all addresses (exclude zip code) where you resided during the past eighteen (18) years and include the dates lived there. Complete street addresses are required in addition to P.O. Box numbers. Continue on additional pages if needed.*

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART III: Household Information. *List all persons living at the current address. Print full name, date of birth, and relationship to the applicant below.*

NAME (first name, middle name, last name)	D.O.B	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV: Applicant Release. *Go to Part IV-B if Part IV-A is not applicable.*

Part IV-A. For use only by individuals requesting a CPR check in person.

Please READ, SIGN and DATE below: I request access to the Child Protection Register (“CPR”) for the limited purposes to determine if my name appears in the CPR as being responsible for the abuse or neglect of a child. I have shown photo identification (driver’s license, state-issued identification card or valid US passport) that is satisfactory to the CFSA CPR staff listed below.

Applicant’s Signature _____ Date _____

CFSA USE ONLY: *Identification has been shown to me that I have deemed satisfactorily identifies the applicant:*

Type of ID _____ ID # _____

Signature _____

Name of CFSA employee (print): _____

Title: _____

Part IV-B. For use by individuals to consent to a CPR check and authorize CFSA to release information to:

1. a CEO or director of a day care center, school, or any public or private organization working directly with children, for purposes of making an employment decision regarding employees and volunteers or prospective employees and volunteers.
2. a child-placing agency licensed in the District of Columbia for purposes of a child placement decision. Instead of the consent below, the child-placing agency may attach the consent for release of information previously received in compliance with D.C. Official Code § 4-1407.01.
3. The applicant requesting a CPR check via mail. Mailed applications must be notarized prior to submission.

Please READ, CHECK the appropriate box, SIGN, DATE, and have NOTARIZED below:

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the above-named agency/organization or me information concerning me that is contained in the Child Protection Register ("CPR"). The information contained in the CPR (whether I am "in" or "not in") may be released as indicated below:

- 1. to my employer or prospective employer. A written request from the CEO or director is attached and it states the reasons for the request.
- 2. to the child-placing agency.
- 3. I am requesting the CPR check for myself and the information may be mailed or faxed to me at the address indicated in Part V, below.

Name of Applicant

Applicant's Signature (must be signed in the presence of a Notary) Date

STATE: _____

Subscribed and affirmed or sworn to me, in my presence,
on this _____ day of _____, 20____.

Signature of Notary Public

Notary Public, _____(State)

My commission expires on ___/___/___.

PART V: Agency Information (Please review entire application before submitting to the CFSA CPR Office)
MAIL OR DELIVER COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
200 I Street, SE
Washington, DC 20003
Attn: Child Protection Register
202-727-8885

PART VI: Select Form of Response

Please READ and INITIAL below:

I understand that I will not receive an original copy in the mail if I request a faxed or emailed copy. _____
(Initials)

- **To be completed by the referring agency only if requesting response via secure or encrypted email.** (Responses may be sent only to secure or encrypted email accounts. This option is not available to individuals):

Please email response(s) to:

Organization: My Sister's Place Attention: Toshica Jones
First and Last Name of Recipient
Secure Email Address: tjones@mysistersplacedc.org Phone Number: 202-540-1052

- **To be completed by the referring agency only if requesting response via fax:**

Please fax response(s) to:

Organization: My Sister's Place Attention: Toshica Jones
First and Last Name of Recipient
Fax Number: 202-529-5984 Phone Number: 202-540-1052

- **To be completed by referring agency/individual only if requesting response via mail:**

Address: _____
City: _____ State: _____ Zip Code: _____
Attention: _____ Contact Info: _____
First and Last Name of Recipient Email address or phone number

Thank you. Please allow 30 days for general processing. Expedited requests will be processed according to guidelines established in the current policy or business process or in existing agreements between agencies.

CFSA STAFF ONLY BELOW THIS LINE

EXPEDITE RETURN OTHER ACTION: _____

- All in-person applicants are required to present **one** of the following valid photo identifications: Driver's License, State Identification Card, or Passport.
- All requests for a CPR check in accordance with Part IV-B (1) shall have Parts I, II, III and IV-B completed and shall have attached a written request from the CEO or director that clearly articulates the basis for the request.
- All requests for a CPR check in accordance with Part IV-B (2) and (3) shall have Parts I, II, III, IV-B, and V completed.
Note: If a request for a child-placing agency is accompanied by consent to release information from the CPR as required by D.C. Official Code § 4-1407.01(1), then PART IV-B of this form does not need to be filled out by the applicant.