

Abuse or Neglect Registry Information Request Form

Requestor information

1. This form must be type-written and signed by the requestor and subject of the child abuse/neglect check (the "applicant").
2. Complete one form for each applicant.
3. Email completed requests to: adam-walsh.oregon@odhsoha.oregon.gov.

This information is being requested for the following reason (please check only one):

- Foster or adoptive parent, or foster household member over 18 under Adam Walsh Child Protection and Safety Act of 2006
- Employee of a Child Caring Agency ("child caring institution") under the Family First Prevention Services Act of 2018
- Child care provider or child care household member under Child Care & Development Block Grant (CCDBG) Act of 2014
- Oregon juvenile justice agency employee or contractor under Prison Rape Elimination Act (PREA) of 2003
- Oregon Court Appointed Special Advocate (CASA) or Oregon Child Abuse Intervention Center (CAIC)

Requesting agency: _____

Agency address _____

City State Zip

Type of agency requesting information (please check one):

- | | |
|---|---|
| <input type="checkbox"/> State/local child welfare agency | <input type="checkbox"/> Oregon juvenile justice agency |
| <input type="checkbox"/> Child care licensing agency | <input type="checkbox"/> Oregon Court Appointed Special Advocates |
| <input type="checkbox"/> Child care employer | <input type="checkbox"/> Other: _____ |

BCU will respond to this request utilizing a secure email server. Please list your agency email address for results that can receive secure emails.

Email address: _____

I understand this information is **confidential** and **sensitive** and may be used only for the purpose for which it was obtained. Per ORS 419B.035(9), anyone inappropriately using or disseminating this information violates ORS 419B.035 subsection (6)(a) and (7) and commits a Class A violation.

Printed name requesting facility or agency representative

Date

Signature of requesting facility or agency representative

Date

If you have questions or you feel the conclusion is inaccurate, please contact the requesting agency, or contact BCU at adam-walsh.oregon@odhsoha.oregon.gov or 503-378-5470 or 888-272-5545.

Applicant information

For completion by applicant for whom child protective services check will be completed.

Full legal name:

_____ (Last)

_____ (First)

_____ (Middle)

Other names used: _____

Gender: Male Female Unknown or not specified

Social Security number (voluntary): _____

Applicant date of birth (m/d/yyyy): _____

Position title (example: foster parent, CASA): _____

Please list all Oregon counties in which you have resided, beginning with the most recent. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain. Attach additional documents in email if necessary.

County	Began	Ended
Example – ABC County	01/2001	Current

I, **the subject of the child abuse registry check**, do hereby authorize the Oregon Department of Human Services to research its records to determine if I am on the central registry of persons responsible for child abuse and neglect. I understand this information will be released to the requesting agency or employer.

Applicant signature or applicant’s legal representative

Date signed

If BCU determines that the subject of this child abuse/neglect check is responsible (“founded”) for the abuse/neglect of a child in Oregon, or is currently the subject of a child abuse/neglect investigation, please contact the local Oregon Child Welfare office(s). Local office contact information found at: <https://www.oregon.gov/odhs/Pages/office-finder.aspx>.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact Background Check Unit at bcu.info@odhsoha.oregon.gov or 503-378-5470 (voice/text). We accept all relay calls.