



Central Abuse Hotline Record Search

I/we, _____ and _____
(please print – first, middle, last name) (please print – spouse first, middle, last name, if applicable)

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were “verified indicators” of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of developmentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: _____ Date: _____ Phone: _____

Print name legibly on line, then affix signature

Spouse Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

Applicant: SSN: _____	DOB: _____	Race: _____	Sex: _____			
Spouse: SSN: _____	DOB: _____	Race: _____	Sex: _____	Prior Name(s): _____		
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	Zip	Dates at Address

Reason for Record Search: Adoption Applicant (Chapter 63) DCF Employee (Chapter 39)
 Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)

Family child care, foster/shelter/group home or adoption applicants must list all child and adult household members on page two of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY

Child Care Center Family Child Care Home Foster/Shelter/Small Group Home Adoption
 Child-Caring Agency Child-Placing Agency DD Foster/Small Group Home

OCA and/or Facility ID: _____

Facility/Agency Name: _____ Phone: _____

Address: _____
Mailing Address City Zip Code

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Printed Name and Signature of Requesting 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.**

Last Name	First Name	Middle Initial	DOB	Race	Sex	SSN
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

RESULTS (Department or Agency Conducting Search Use *Only*)

- No records found with verified findings where the applicant was the caretaker responsible in the final role or, for licensing, in any role in three reports within a five year period.
- Records found for review are listed below:

Report Number	Report Date	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Search: _____

Employee Conducting Search: _____ Phone: _____

Signature