

AGENCY LICENSE# _____

"AGENCY NUMBER: 0710"

**Arkansas Department of Human Services
Division of Child Care and Early Childhood Education
Placement and Residential Licensing Unit
STATE POLICE CRIMINAL RECORD CHECK**

**Mail completed form and \$25 check or money order made out to the Arkansas State Police to:
Arkansas State Police- Identification Bureau 1 State Police Plaza Dr. Little Rock, AR 72209**

SEND A COPY OF ANY CRIMINAL OFFENSES FOUND TO:

AR920310Z PLACEMENT AND RESIDENTIAL LICENSING UNIT Kathy MacKay 2017 E. Race Ave. Searcy, AR 72143 #501-268-2714

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN NAME: _____ EMAIL ADDRESS: _____

CURRENT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ AGE: _____ RACE: ____ SEX: Male ☐ Female ☐

STATE OF BIRTH: _____ CITIZENSHIP: _____ SOC SEC #: _____

DRIVER'S LICENSE OR STATE ID NUMBER: _____ ISSUED BY STATE OF: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO ☐ YES ☐ (If yes, please provide a description of the crime and the particulars of the conviction.) _____

I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.

Signature of Applicant/Employee

Date

State of Arkansas, County of _____. Subscribed and sworn to before me a Notary Public in and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Child Welfare Agency

Agency Representative

Phone

MAILING ADDRESS: _____
Street City State Zip

AGENCY LICENSE# _____

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**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION
PLACEMENT AND RESIDENTIAL LICENSING UNIT**

Authorization for release of confidential information:
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

**Mail completed form and \$10 check or money order made out to DHS to:
Central Registry - P.O. Box 1437, Slot S566 Little Rock, AR 72203**

SEND A COPY OF THE RESULTS CONTAINING TRUE REPORTS TO:

PLACEMENT AND RESIDENTIAL LICENSING UNIT Kathy MacKay 2017 E. Race Ave. Searcy, AR 72143 #501-268-2714

Note to users of this form: Please type or print all information! Illegible forms will not be processed! Fill out form completely. This form may be copied and shared.

AGENCY REQUESTING CHECK AND REPORT

DATE OF REQUEST

AGENCY DIRECTOR

TELEPHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

TO BE COMPLETED BY THE PERSON TO BE CHECKED:

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (_____ / _____ / _____) SSN: _____ - _____ - _____
MONTH DATE YEAR

RACE: _____ SEX: (MALE/FEMALE) TELEPHONE NUMBER: (_____)

COMPLETE ADDRESS: _____
STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

<u>FULL NAME OF OWN CHILDREN</u>	<u>DOB/AGE</u>	<u>SOCIAL SECURITY NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to the ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of true report.

COUNTY OF _____ SS

STATE OF ARKANSAS

Acknowledge before me on this _____ day of _____
20 _____.

Notary Public _____

My Commission Expires: _____ / _____ / _____

SIGNATURE OF PERSON TO BE CHECKED

DATE

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CONTINUED FROM THE FRONT SIDE:

ADDITIONAL ADDRESSES FOR PAST SIX YEARS: START WITH MOST RECENT OTHER THAN PRESENT ADDRESS AND CONTINUE IN THE SAME ORDER

STREET ADDRESS/APT #	CITY	STATE	ZIP CODE
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

DRAFT