

REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect, and to search any information systems for substantiated abuse or neglect reports and release the findings only to the requesting agency.

My reason for requesting this screening is _____
(Foster or adoption)

Full name _____
First Middle Last

Maiden and former names or any alias: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

List full birth name and birth date of **all** your biological children, including those that are adults.

Name (First, middle, last) Date of Birth	Date of Birth	Name (First, middle, last)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agency Name and Return Address:

Agency Name _____

Street Address _____

PO Box Number / Apt / Suite / Unit / Lot _____

City _____ State _____ Zip _____

Agency return email address (if requesting results via email) _____

Individual's Signature _____ Date _____

Subscribed and sworn to before me, a Notary Public,

this _____ day of _____, _____.

Notary Public Signature _____

My Commission Expires: ____ / ____ / ____

(SEAL)

YOUR SCREENING WILL ONLY OCCUR IF THIS FORM IS PROPERLY NOTARIZED.

Return completed form by mail to:
DSS-Office of Licensure & Accreditation
Attn: Kyli Klinger
700 Governor Dr
Pierre, SD 57501-2291

DSS/CPS
CPS-502
Or email completed form to: **DSSCRS@state.sd.us**

Screening Request Form
05/2024