



## Adam Walsh Check Request Face Sheet

Complete the Adam Walsh Check Request Face Sheet when sending requests to OLR.

*Mail all original documents to the address below. Submit one face sheet per mailing unless request is for multiple reasons as detailed below:*

**Mail all originals to:**

AZDCS - Attn: OLR AWA (SGerardo)  
P.O. Box 6030, Site Code C010-22  
Phoenix, AZ 85005-6030

\_\_\_\_\_ | \_\_\_\_\_  
*Requesting Agency Name* | *Request Date*

\_\_\_\_\_

\_\_\_\_\_

**Reason for AWA Check Request (check all that apply):**

- Adoption Certification
- Family Foster Home (DCS)
- ICPC
- Child Developmental Home (DES)
- Congregate Care Staff
- Other (specify) \_\_\_\_\_

**List applicant or adult household member names included in this mailing**

Household Member	QCID (if applicable)	OLR USE ONLY

**Congregate Care Only:**

Congregate care agencies shall attach payment in the required amount as detailed on the specific state’s request form payable to the receiving state.

**CALIFORNIA: Do not send payment for this state.**

**CHECKS PAYABLE TO DCS WILL BE RETURNED TO THE REQUESTING AGENCY AND DELAY PROCESSING.**

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.