



## Prospective Caregiver

Use for adoptive and foster families, prospective caregivers, and Adam Walsh checks

Department of Child Safety (DCS) records are confidential and can be released only to those individuals permitted by state (A.R.S. §8-807) and federal law. This form is to be completed for all household members and requested information will be used to check the Child Safety Central Registry for any history of prior reports.

Please return completed form to [DCSCentralRegistry@azdcs.gov](mailto:DCSCentralRegistry@azdcs.gov)

### Prospective Caregiver(s)

\_\_\_\_\_  
Last Name | \_\_\_\_\_  
First Name | \_\_\_\_\_  
Middle Name | \_\_\_\_\_  
Date of Birth | \_\_\_\_\_  
Soc. Sec. No. | \_\_\_\_\_

Other Names Used (Include maiden and/or prior married names)

\_\_\_\_\_  
Street Address | \_\_\_\_\_  
City | \_\_\_\_\_  
State | \_\_\_\_\_  
Zip Code | \_\_\_\_\_

\_\_\_\_\_  
Last Name | \_\_\_\_\_  
First Name | \_\_\_\_\_  
Middle Name | \_\_\_\_\_  
Date of Birth | \_\_\_\_\_  
Soc. Sec. No. | \_\_\_\_\_

Other Names Used (Include maiden and/or prior married names)

\_\_\_\_\_  
Street Address | \_\_\_\_\_  
City | \_\_\_\_\_  
State | \_\_\_\_\_  
Zip Code | \_\_\_\_\_

### Other Adult Household Member(s)

\_\_\_\_\_  
Last Name | \_\_\_\_\_  
First Name | \_\_\_\_\_  
Middle Name | \_\_\_\_\_  
Date of Birth | \_\_\_\_\_  
Soc. Sec. No. | \_\_\_\_\_

Other Names Used (Include maiden and/or prior married names)

\_\_\_\_\_  
Street Address | \_\_\_\_\_  
City | \_\_\_\_\_  
State | \_\_\_\_\_  
Zip Code | \_\_\_\_\_

\_\_\_\_\_  
Last Name | \_\_\_\_\_  
First Name | \_\_\_\_\_  
Middle Name | \_\_\_\_\_  
Date of Birth | \_\_\_\_\_  
Soc. Sec. No. | \_\_\_\_\_

Other Names Used (Include maiden and/or prior married names)

\_\_\_\_\_  
Street Address | \_\_\_\_\_  
City | \_\_\_\_\_  
State | \_\_\_\_\_  
Zip Code | \_\_\_\_\_

\_\_\_\_\_  
Last Name | \_\_\_\_\_  
First Name | \_\_\_\_\_  
Middle Name | \_\_\_\_\_  
Date of Birth | \_\_\_\_\_  
Soc. Sec. No. | \_\_\_\_\_

Other Names Used (Include maiden and/or prior married names)

\_\_\_\_\_  
Street Address | \_\_\_\_\_  
City | \_\_\_\_\_  
State | \_\_\_\_\_  
Zip Code | \_\_\_\_\_

### DCS Use Only

Report  
No Report

Report  
No Report

Report  
No Report

Report  
No Report

Report  
No Report



## Child(ren)'s Name(s)

Include birth, adopted and any other minor children living in household. Adult children living in the household must be listed as an Other Adult above.

|                          |                           |                            |                      |
|--------------------------|---------------------------|----------------------------|----------------------|
| _____                    | _____                     | _____                      | _____                |
| <i>Child's Last Name</i> | <i>Child's First Name</i> | <i>Child's Middle Name</i> | <i>Date of Birth</i> |
| _____                    | _____                     | _____                      | _____                |
| <i>Child's Last Name</i> | <i>Child's First Name</i> | <i>Child's Middle Name</i> | <i>Date of Birth</i> |
| _____                    | _____                     | _____                      | _____                |
| <i>Child's Last Name</i> | <i>Child's First Name</i> | <i>Child's Middle Name</i> | <i>Date of Birth</i> |
| _____                    | _____                     | _____                      | _____                |
| <i>Child's Last Name</i> | <i>Child's First Name</i> | <i>Child's Middle Name</i> | <i>Date of Birth</i> |
| _____                    | _____                     | _____                      | _____                |
| <i>Child's Last Name</i> | <i>Child's First Name</i> | <i>Child's Middle Name</i> | <i>Date of Birth</i> |

**I certify that all information provided is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
*Prospective Caregiver's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Prospective Caregiver's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult's Signature*

\_\_\_\_\_  
*Date*



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## Requesting Agency Information

\_\_\_\_\_  
*Name Of Agency Requesting Central Registry Records Clearance*

\_\_\_\_\_  
*Phone No.*

\_\_\_\_\_  
*Name of Requester*

\_\_\_\_\_  
*Requester Signature*

\_\_\_\_\_  
*Requester Email Address*

\_\_\_\_\_  
*Address of Agency to Receive Information*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

### Comments:

### For Arizona DCS Central Registry Use Only

There are no substantiated reports.

\_\_\_\_\_  
*No. of Reports*

\_\_\_\_\_  
*Intake ID (1)*

\_\_\_\_\_  
*Intake ID (2)*

\_\_\_\_\_  
*Intake ID (3)*

\_\_\_\_\_  
*Name of Person Checking Central Registry*

\_\_\_\_\_  
*Signature of Person Checking Central Registry*

\_\_\_\_\_  
*Date*