LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILD WELFARE ABUSE/NEGLECT CLEARANCE REQUEST

Applicant Name: _____ **Date Submitted:** _____

Louisiana maintains a State Repository that contains all abuse and/or neglect reports, and a State Central Registry (SCR) of individuals who were identified as a perpetrator of child abuse/neglect in certain valid investigations. Placement on the SCR is determined by the severity of the abuse/neglect. Louisiana Administrative code, Title 67, Part 5 section 1103 and 1105 governs the release of information from both the State Repository and State Central Registry.

This form is only used for the specific purposes listed below.

I. PURPOSE OF REQUEST (PLEASE CHECK CORRESPONDING BOX)

A. I am requesting a search of the Louisiana Repository of Child Abuse and Neglect for the purpose of:

- ☐ becoming or remaining a foster parent or potential adoptive parent in Louisiana (including for the purpose of Adoption Petitions);
- ☐ being an adult household member in a home being considered as a foster/adoptive placement;
- ☐ becoming a potential caregiver for a child in the custody of Louisiana DCFS; or
- ☐ becoming a **Potential Caregiver for Employer's Dependent Child** who will be exercising supervisory authority over of the employer's child or dependent child as part of employment as a caregiver.

B. I am requesting a search **ONLY** of the State Central Registry of Child Abuse and Neglect for a purpose of:

- ☐ becoming a tutor, transportation provider, visitation resource, or mentor for children in the custody of DCFS, with whom DCFS has a Memorandum of Understanding or a formal agreement in place.
- ☐ becoming a Court Appointed Special Advocate (CASA);

II. REQUESTOR

We understand the information released to us is confidential and is not to be released to sources outside our agency unless authorized by state and federal laws.

Requesting Person or Agency/Organization:	
Mailing Address:	
Telephone Number ( )	Email:
PRINT Requestor's Name:	
Requestor's Signature:	Date
Witness Signature:	Date

Information required for Potential Caregiver for Employer's Dependent Child

Employer's Name:
Employer's Date of Birth:
Name of Child/Dependent Minor:
Address of location where care will be provided:
Signature of Employer:

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I am requesting DCFS conduct a search of the State Central Registry as I am an employee or potential employee of the above individual as a caregiver for their minor child or person who is their dependent. I understand that this information will be provided directly to my employer or potential employer.

Signature of Employee: _____

Date: _____

Before me appeared the above named _____

on this date of _____ in the Parish of _____

Notary Public _____

III. Identifying information for ALL Clearance Requests

Instructions: Complete a separate form for ***EACH*** applicant & applicable adult household member			
Last Name	First Name	Middle Name	
Aliases, Maiden Name, Previous Married Name(s):			
Date of Birth:	Social Security #	☐ Male ☐ Female	
Race:	☐ White ☐ Black/African-American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/other Pacific Islander ☐ Other		
Driver License # or State ID:	State of Issuance	Home Phone Number	Alternate Phone Number
Physical Address	City	State	Zip
Children's Names:			

List previous cities/states that the applicant has resided in within the last five years:			
From (MM/YY)	To (MM/YY)	City	State

IV. Consent

I authorize the Louisiana Department of Children and Family Services (DCFS) to conduct a clearance of the State Repository of Child Abuse and Neglect. I authorize DCFS to release such results, in accordance with the purpose of this request as outlined in Section I of this form, to the Requestor listed above. If I am applying to be a CASA volunteer, I understand that the results of this request will only be released to the requesting Judge. If I am applying to become or remain a certified DCFS foster caregiver OR if I am an adult household member of someone applying to become or remain a certified DCFS foster caregiver, then I agree that this authorization to conduct a clearance will remain valid for 3 years from the date of my signature so that the required clearances can be conducted on an ongoing basis without further authorization. I certify that the contents of this form and information provided within it are true, accurate and complete.

Applicant's Signature: _____ Witness: _____ Date: _____

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DCFS RESPONSE

- ☐ Record check cannot be conducted as request does not meet legal criteria.
- ☐ The applicant is listed on the Louisiana State Central Registry of Child Abuse and/or Neglect.
- ☐ The applicant is not listed on the Louisiana State Central Registry of Child Abuse and/or Neglect.
- ☐ The Louisiana Repository of Child Abuse and/or Neglect contains valid (justified) Child Protection investigation(s) involving the applicant as a perpetrator of abuse and/or neglect.
- ☐ The Louisiana Repository of Child Abuse and/or Neglect does not contain any valid (justified) investigations involving the applicant as a perpetrator of abuse and/or neglect.
- ☐ The foster/adoptive parent applicant has an inconclusive investigation finding.
- ☐ DCFS cannot make a determination based on the information received for this inquiry. You may contact the Department of Children and Family Services at _____, so further information can be obtained for the inquiry.

Additional Information, if allowed by law:

Clearance Completed by the signed authorized DCFS Employee:	Date:
Supervisor Approval (if required)	Date:

Note: The Louisiana Department of Children and Family Services (DCFS) has an online Child Abuse And Neglect Clearance System (CANS) for requesting child abuse and neglect clearances for the following types of clearances: DCFS licensed facilities; out of state child welfare agencies conducting child protection investigations; out of state child welfare agencies conducting home studies for the placement of foster children; and, out of state child care facilities. All clearances of these types are to be submitted through the CANS system.

All clearance requests required by The Louisiana Department of Education (LDOE) to meet the child care criminal background clearance requirements must be requested through LDOE.